PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case with sespecially important. Physicians: please write the causes of death clearly and legibly

The correct age

# VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9220

# CERTIFICATE OF DEATH

.Date signed ... Porter

69766

	Reg. Dist. No.,,,,,,,,,
1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 553 argule and
189	(If rural, give LOPATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race   A. (a) Single, married, widowed, or divorced	riong
As a la l	MEDICAL CERTIFICATION
Male, locary. ( marrier.	20. DATE DF DEATH. Oct 4 19 45, 21 4 P.
6.(b) Name of husband or wife I land Winnestons	21. I CERTIFY that death occurred on the date above stated; that Lattended degeased from
	OCT 4 19.45, 10. OCT 4 1945
7. Birth date of deceased (mo., day, yr.) / 8 94	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
5-/hrsmin.	What was a second of the secon
Baltinore, Md.	
9. Birthplace (Town, county, and state)	Walnus Least disease),
1D. Usuat occupation Aultorer	Due 1632 and alice of the
11. Industry or business Betheken Sted Corp.	
12. Name Harry Armstrong	Other conditions.
13. Birthplace Md 2	
14. Maiden name. I du Sewell	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations
Road Donato	
16. Informant	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically.
Address 1233 argyce and	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, cremation, or romoval, Which?)  Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltimore Vational	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
16. Funeral director Way C. Wilson	IIIJulea as notal
Address 1000 Brankley are	a course milazza ma m s
" 18/1/45 " XV mearine	23. SIGNATURE & Preferance
(Date rec'd by registrar) Registrar	Address Date signed (A)

THE PROPERTY OF THE PERSON OF THE PERSON NAMED IN REPORT OF OCT 16 1945 BUREATAVE MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Co	State Md. county Baltimore	2
(if outside city or town limits, write RURAL and give nearest town)	Eddensel	A
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town	n)/
Hospital, Institution, or street address where death occurred with Road	Street No. 2401 Spanows Count Goad	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	*********
3. (a) FULL NAME William J. an	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed of divorced	MEDICAL CERTIFICATION	20
male while married	20. DATE OF DEATH October 4 1945 18	A M
6, (b) Name of husband or wife Cora E. armstrona	21. I CERTIFY that death occurred on the date above stated; that I attended decrased from	
	Claus 1840 19 Oct 4	19 45
7. Birth date of Anthony 1916	and that I tast saw h	19 45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	RATION
00 11 00	Chrone Congestive	
Parl To min.	Least fallen, 2	geo
9. Birthplace	Oue to Cla state Strength alas	[ 44 A
10. Usual occupation. Retired Produce Dealer	assign	5 yrs
11. Industry or business	Due to	
12. Name & Oscilla W. Grovestong  13. Birtholace	Other conditions	,
14. Malden name Helew L. Waterworth	(Include pregnancy within 8 months of death)	
14. Malden name. Allew X. Waller World	Major findings of operatious.	
21 15. Birthplace		
16. Informant Ora E. Unmulliong	Autopsy results	1-
Address 240/ Sparrows Poyet Rd.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal_Which?)  Date thereof Ct. 1945 (month) (day) (year)	Accident, sulcide, or homicide	************
Cemetery or crematory	Where did injury occur?	***************************************
Location Taylor ave, Parkville, Md	Injured at home, farm, industry, public place (where?)	******************
18. Funeral director John F. Denny, Bouc-	Meens of injury Injured at work?	
Address 715 Light St.	XX : 0-2 (1)	
	23. SIGNATURE M. D. or other	
19,	Address 520 D St. Sp / 7 / 9 Date signed 103	-45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)	
City or town(If ou	Fort Howa	rd mits, write	RURAL and give nearest town)	Stale Maryland County  City or town Baltimore (If outside city or town limits, write RURAL and give nea	
Hospital, Institution, or several vets. Adm.	streel address where Fac. Fort	dealh occurre	d, Maryland	Street No. 1709 Etting Street (If rural, give LOCATION)	
How long in hospital or	Institution? 5 D	eys		2.(a) If veleran, name war	V
3. (a) FULL NAME	ZEBEDE	E ASHB	Y	3.(b) Social Security	Number
4. Sex Male				MEDICAL CERTIFICATION  20. DATE OF DEATH October 12, 19.45	a8 25 P. m
	<i></i>	6.	.dyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea October 7, 19 45, to October and that I last saw im alive on October 12,	12, 19 45
8. AGE: Years 46	Months 5	Days 8	If less than one dayhrsmin.	Tuberculosis, chr. pul. far. adv.	1 Month
9. Birthplace	irginia (Town. Une	county, and	state)	Due to	
11. Industry or business  12. Name	mard Ashby			Other conditions Anomia, secondary  Hypertension arterial  (Include pregnancy within 3 months of death)	***************************************
14. Malden name ?  15. Birthplace Virginia  16. informant Clinical Records, Vets. Adm. Fac.				(Include pregnancy within 3 months of death)  Major findings ol operatious	
	ical Reco		ets. Adm. Fac.	Autopsy results	
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Baltimore National Cometery		reof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or cremator	De1+4	mawa	Maryland	Where did injury occur?	
	George I	Hol	land 11 Ave. Baltol, Mi		Mu
19. (Oct 17	19 4-5	6	(125) fedoust	23. SIGNATURE A.M. BALTER, LT.COL., M.C. C. C.	fnadir. 10-13-45

A15

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1646)

# CERTIFICATE OF DEATH

09769

Reg. Diat. No ...

1. PLACE OF DEATH: County Calto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru Infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give neurest town)
Hospilal, Institution, or street address where death occurred:	Street No. 14 and Rd.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(α) If veteran, name war
Charles Knamen Barn	eS, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widoned.	20. DATE OF DEATH GCT 1 1575 at 12: 80 N
6.(6) Name of husband or wife Mary C. Barry Cs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Opril 27th 11868	and that I last saw halive on
8. AGE: Years Months Days 1 less than one day	Immediate cause of death
77 5 4hrsmin.	Strangulation by hanging, week.
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Timela familia	
11. indusfry or business	Oue to
12. Name Bennet Bounce 13. Birthplace Holod Go. Mad	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Name of the state of the st	Major findings of operations
\$ 15. Birthplace beech too. Mid.	Date of op
16. Informant Tallerine House	Autopsy results.
Address 1506 Linden Que	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Carbourod	Where did Injury occur?
Location Bult 6 ity 20.6.	Injured at home, farm, industry, public place (where?)
18. Funeral director Land Marie Range	Means of Injury Injured at work?
Address 7 401 Belain Ord.	23. SIGNATURE Coline of Green &.
19	23. SIGNATURE DO NO TO THE MAN D. or other
(Dute rec'd by registrar) Posistrar	THE CONTRACTOR OF THE CONTRACT



Co. Thath Officer DATE 10/5/45

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BA)

# CERTIFICATE OF DEATH

legibly.

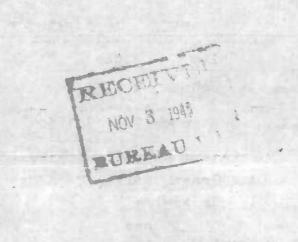
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASÉ

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	Managara and
City or town Rogers Forge Balto	12 state Maryland county Baltimore
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
303 Regester Avenue	Sireet No. 303 Regester Avenue
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ANNIE PHIPPS BAF	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION
Female White Widow	20. DATE DF DEATH October 15, 19 45
6.(b) Name of husband or wifeJohn	
	July 5 the 19 43 to Oct 13 19 40
7. Birth date of deceased (mo., day, yr.) September 20, 18 186	1 11 11 11 11 11 11 11 11 11 11 11 11 1
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
07	Myocardeal Failure 2 mas
0) 25hrs	, min.
s Birthplace Long Green Balto Co	Ma Due to Britis scteratec
9. Birthplace	Candio - Vasantur 3-5 1/2
10. Usual occupation	Due to Lindon
11. Industry or business At Home	UUE 10.
12 Name Robert E. Phipps	Other conditions
13. Birthplace Maryland	
	(Include pregnancy within 8 months of death)
14. Malden name	Mejor findings of operations.
15. Birthplace Maryland	Date of on.
15. informant Mrs. James Lowry	
	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 303 Regester Ave., Balto. 12	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burlal, cremation, of removal, Which?)  Bate thereof O.C.T. /9. / (month) (day)	22. VIOLETCE. II duality was due to external basses, the in the voluments
(Burlal, cremation, of removal. Which?) (month) (day)	(year) Accident, suicide, or homicide
Cemetery or crematory.  Cemetery or crematory.  Cemetery or crematory.  Cemetery or crematory.	City or town) (County) (State)
Location Towson, Maryband	Means of Injury Injured at work?
18. Funeral director	
Address Towson. Many Land	that 23. SIGNATURE To. R. Salfaceh M.J.
10-1 10 /1V/14-11/1/11	23. SIGNATURE M. D. or other
19. 4 0 . 18 1945	Toursay of Med 1. 10/15/4



VS A15

The correct age

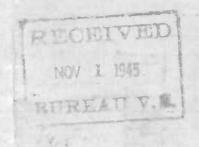
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore At

# CERTIFICATE OF DEATH

09771 Reg. Dist. No. 38

i. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Towson 4, Maryland	State we county Bellevich.
(If outside city or town limits, write RUKAL and give nearest town)	
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred: Eudow ood Sanatorium, Towson, 4, Md.	street No. 1962 n. Oatforson 1 Rug
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
marie Beelen.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F w single.	20. DATE DF DEATH Catcher 27 19 19 19 19 19 19 19 19 19 19 19 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Que 25, 1945 10 Oct 27, 1945
7. Birth date of Program 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that I last saw h. R. alive oo O. C. t. 2. 7,
deceased (mo., day, yr.) Mc & 91, 1524/.  8 AGF: Years   Months   Bays   Hies than one day	Immediate cause of Ceath
o. Adl.	
21 6nrsmln.	Oulminon duly culing & mes.
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	Bus de
11. Industry or business	DUE TO.
	Other conditions
12. Name 72 Beers 13. Birthplace rcryeand.	
	(Include pregnancy within 8 months of death)
14. Maiden name & man Han	Major findings of operations
\$ 15. Birthplace many land?	Dato of op.
16. Informan Personal History, Hospital Recor	discopey results.
Address Eudowood Sanatorium, Towson Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
10 0 10 21 100	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal Which)	Accident, suicide, or homicide
Cemetery or crematory Caracuroccl	Where did injury occur?
Location Balto Mid	Injured at home, tarm, industry, public place (where?)
en l'at atla	Means of Injury Injured at work?
18. Funeral director	11.1.00.1
Address 7 401 Belaw Rd.	23. SIGNATURE William M. Budges
19. 1. 3. 0. 19.45 G-M-Bacow  (Date re-d by registrar)  (Date re-d by registrar)	Address Towson, 4, Maryland Date signed



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and begibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (936)

# CERTIFICATE OF DEATH

(1977230 Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore, County Catonsville, (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State			
nospital, institution, or s	street address where	death occurren		Street No	Streef No. 1606 Bolton St.  (If rural, give LOCATION)		
How long in hospital or	Institution?	•••••		2.(a) If veteran, name war		V	
3. (a) FULL NAME		Mary G	ray Bentley		3. (b) Social Securi	ty Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Female   white   single				MEDICAL C. 20. DATE OF DEATH Oct. 22.	ERTIFICATION 1945	, at	
	Nov		c) If alive, give ageyea	and that I last saud er alive on OR	38 10 Det ± 21	2 2 19 45	
8. AGE: Years 73	Months	Days 9	If less than one dayhrsmli		Seleroses	Gradual	
1D. Usual occupation  11. Industry or business	(Town,	ed	Jr.	Due to			
13. Birthplace  14. Malden name	Elizabeth	n Lee C	obell	(Include pregnancy within 8:			
10. tillinissent	Elizabet	•		Antopsy results	hich death should be charg		
	or removal. Which Union Ce sburg, Ve	emetery	4 11 4 4	22. VIOLENCE: If death was due to external cat Accident, suicide, or homicide	(County) where?)	(State)	
19. /6/2/	4 45	A	W. Hedrick	1403 Park	// // //	D. or other	

ARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			-	
11	1	-	a	7
64	h		6	Z,

...

# CERTIFICATE OF DEATH

Par Diet No. 36

1. PLACE OF DEATH:   county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Md. county Balto.		
City or town	City or town		
How long in above place of death?			
6300 Liberty Road	Sireet No. 6300 Liberty Road (frural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jeannette Ablett	Boyd		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH. October 16 19.45 1.15 P M		
B.(b) Name of husband or wife Joseph Hillis Boyd	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(0) Name of nusband of wife	June 27 1944, 10 to Cit. 16 19 45		
7. Birth date of deceased (mo., day, yr.) May 23, 1881	andhat I last saw h. er alive on Get - 16 19.45		
deceased (mo., day, yr.) May 23, 1001  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION  DURATION  DURATION		
64 4 23hrsmlr			
	Due to - Secondary among Committee		
9. Birthplace Pittsburgh, Pa. (Town, county, and atate)	Dus 10		
10. Usuat occupation Housewife	Due to.		
11. Industry or business	- Coronal de		
置 12. Name William Ablett	Diher conditions - boronary Thrombons - 15 months		
13. 8 rthplace Borne, England	(Include pregnancy within 3 months of death)		
14. Malden name Margaret Fetzer	Major findings of operations - Cancername		
14. Malden name Margaret Fetzer  15. Birthplace Wheeling, W. Va.	Date of of dream 1945		
18. Informant Mr. Joseph H. Boyd	A-tense results		
Address 6300 Liberty Road, Woodlawn	PMISICIAN: Please underline the cause to which dead should be that set stated		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17			
Cemetery or crematory Goodlewn Cemetery	Where did injury occur?		
Location /Woodlawn, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral directory / Villes Laworew	Meens of Injury Injured at work?		
Address 4510 Liberty Heights Ave.	22 SIGNATURE Earl L. Chambers M.D.		
1 2001	23. SIGNATURE Sarl & Chamber M. D. or other		
19. (Date rec'd by registrar)	Address 4108 Liberty Hgts Ave. Date signed		

NOV 7 1945 BUREAU V. S. MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

09774

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mid County Bulliance
How long in above blace of death?	(If outside city or town limits, write PURAL and give nearest town)
Hospital, Institution, or street offices when death occurred 720	Street No. 120 Milson Jount Road  (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martha Co. Br	adu 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
Temale White Married	20. DATE DE DEATH. COT 20 18 45 at 170 M
8.(b) Name of husband or when Besnard	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(c) It alive, give ageyears	19 10 19
7. Birth date of deceased (mo., day, yr.)	and that I last saw h ative on and additional same and the same and th
8. AGE: Years Months Days It less than one day  5 3 10	Immediate cause of death DURATION
9. Sirtholace Baltismore Ind	Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Dither conditions
14. Maiden name assura & Backsusan	(Include pregnancy within 8 months of death)
15. Birthplace Gesmann	Major findings ol operations.
18. Informant Bernard Blacky	Antopsy results
Address /720 Wilson Point Road	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Bate thereof Cot - 23 194	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Co Spormall St.	Injured at home, farm, industry, public place (where?)
18. Funerat director John G. Mosan	Means of Injury tojured at work?
Address 3000 & Battimore &	This George
10/2 VC austale	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  Registrar	Address 678 Miles Ten Bate cloned but 2018

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2



# CERTIFICATE OF DEATH

09775 Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in sents give residence of mother)
County TH. Alla Cross. 300	State Md. County /falls.
City or town	Medale River
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilai, Institution, or street eddress where teath occurred:	611 W.
	Street No. (If rural, give LOCATION)
	2,(a)  i veteran, name war
How long In hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Atice Bizodbeck BRAMA	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 530
- W. Divorced	20. DATE OF DEATH.
Ges Breunewan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	19
7. Birth date of deceased (mo. day, vr.) 760. 4-1886	and that I last saw h
dependent (mail ask) has	Immediale cause of doth Sus Aller Sus .
o. Ade.	Illu Jeus vage sus.
58 // 6hrsmin.	0
Hock G. To.	Due to
9. Birthplace	008 (0
Same	***************************************
10. Usual occupation	Due to
11. Industry or business Martine averaft	
12. Name	Other conditions
To.	
	(Include pregnancy within 8 months of death)
14. Maiden name. The Thorselock — Total .	Major findings of operations
Trado	
2 15. Birinpiace	Dats of op.
18. Informan Chile II I generally	Antopsy results
Address 34 W: Grear of Wasternster	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of the state of the sta	22. VIOLENCE: It death was due to external causes, fill in the following;
Burial, cremation of removal, Which? Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) 'Way' (year)	
Cemetery or crematory	Where did injury occur?
Location June June , met,	Injured at home, farm, Industry, public place (where?)
M. Goillo	Means of Injury Injured at work?
18. Funeral director	
Address Slew Rocks, To.	11/91 Juvi m
Auuress	23 SIGNATURE Substitute Substitut
10/10/10 19 45 John Dilorsully	1002120 111. 11001.
(Date readd by registrer) Registrar	Addrass Date signed

OCT 18 1945 BUPEAU V S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: County Baltimore - 22.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
51-11/	State
(If outside city or town limits, write RURAL and give nearest town)	11-1
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where deat decurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME OSEPH / RVIN BA	Pous Number 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
male White Married.	20. DATE OF DEATH OC+. 16. 19 45 1/2 - M
8.(6) Hame of husband or wife Martha Brown.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.(V) name of historia of wife	June 1945 10 Oct. 16 1945
7. Birth date of years	and thet I last saw h 1 1 alive on 0.0 + . 13
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	
34 // 2 ·hrs,min.	Tubercukosis of 39
9. Birthplace Baltimore Md.	Due 10. / e f + h i p
10. Usual occupation. Contractor.	Due to.
11. Industry or business Building.	
12. Name. Charles SROWN  13. Birthplace Germany.	Other conditions
13. Birthplace Germany.	
14. Malden name. Mary Strailey.  15. 8irthplace Kent Co. Ma.	(Include pregnancy within 8 months of death)  Major findings of operations
15. 8 ortholace Kent Co. Md.	Date of op.
Mantha Busines	
100 4 9	Autopsy results
1 - 11 -	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sless Hanes Cour.	Where did injury occur?
Location Scitchie Highway	Injured at home, farm, industry, public place (where?)
18. Funeral director John & Denna Inc	Means of Injury Injured abwork?
-/	Louis or Tolling. mal
Address M. O. Jegul St.	23, SIGNATURE DOUIS 1. TOURS . TO RE
19. Onto recist by recistrar)  (Data recid by recistrar)  (Data recid by recistrar)	Gravians Bank 19.001 15 1945

## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 97 CERTIFICATE OF DEATH

09777 38 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	5 1 B 7
City or town	State County Lalleway
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	7 · 1 3. (b) Social Security Number
Jourse Esle 7	where & suce
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	2D. DATE DF DEATH
Mm Rabell Brune	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B,(b) Name of husband or wife	Dec. 1944 to Oct. 22 1945.
7. Birth date of	and that I last saw h. R. F. alive on Oct . 21 19 45
deceased (mo., day, yr.) 1000 1866	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	3 has
19 9 12min.	
9. Birthplace Ballimore and	Due to.
(Town, county, and state)	1
10. Usual occupation	Due to
11. Industry or bosiness	
12. Name / M Cleyander Tisher 13. Birthplace / Balto. ma	Other conditions
13. Birthplace D Balto. md	
El Course Este	(include pregnancy within 3 months of death)
14. Malden name ourse Este	Major findings of operations
\$ 15. Birthplace	Date of op
18. Informant albert Eatell Price	Antopsy results
Address 107 & harkcole Rd Bacts 18	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Oremation Data thereof Oct 22 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Date thereof (month) (day (year)	Accident, suicide, or homicide
Cemetery or crematory Teen Nount Oem	Where did injury occur?
Location Baltimore and	Injured at home, farm, Industry, public place (where?)
None At 16 as low a Whom	Injured at work?
18. Funeral director.	0 110
Address Mc Cullok o Vienard St	23. SIGNATURE Ut- Manay Fisher
" 10-22 "45 Markeden	23. SIGNATURE M. D. or other
19, (Date rec'd by registrar)  Registrar	Address Date signed 19/22/43
	17 ( 000 000 00 1

Dr. a. Murray Fisher 18 E. Eager St

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

# CERTIFICATE OF DEATH

	Ateg. Dist. 1100 https://doi.org/10.1100
1. PLACE OF DEATH: And .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants rive residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State
Row long to above place of death?	City or town
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
Now long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Benjamin Harrison	Bull 3. (b) Social Security Number 219-22 - 3823
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Heloud.	20. DATE OF BEATH October 15 18 45 at 430 p. M
Beriamin H. And.	
8.(b) Name of husband or wife.	21. I CERTIFY that death accurred on the date above stated; that I altended deceased from
Secare S. (c) If alive, give age	18
7. Birth date of deceased (mo., day, yr.) afteril 16 1866	and that I last saw 19.
8. AGE: Years   Months   Bays   It tess than one day	Immediate caose of death
79 5 29	Jean Useasi Corgnary
>nd.	Thrombour Cambolies 11518
8. Sirthplace	Due to Tilesopellorus Links - !
Jalour	
10. Usual occupation.	Due to Luli Changer: Luli -
11. Industry or business	1 A A A A A A A A A A A A A A A A A A A
12. Name Survival 22000	Other conditions Collina hermaniage a emboling 4 who age
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maldeo game Closabetts O Workell	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
	Date ot op.
10, informant DANCE	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
Address ark ton ma.	14-48
17 David Date thereof 10/18/45	22. VIOLENCE: If death was due to external causes, fill to the following:
(Barial, eremetica, or present, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Tree & Z.	Injured at home, farm, industry, public place (where?)
Hoseiph	Means of Injury
18. Funeral director.	D 11-011 / 1/2 245
Address All A	23. SIGNATURE Colling. Hudson W. DIY.E.
10 (8 CX: 16 10 45 11) 8 Con NI MULTON	M. D. or other
(Date rec'd by registrar)	Address toward 4. Med. Both stored 10/15 hest

PARTICION STATE DEPARTMENT OF LINE

NOV 5 195

d

especially

PLAINLY

PLEASE WRITE

carefully

M	ARYI	AND	STATE	DEPARTMENT	OF	HEALTH
TAY S	217 I I	MINU	SIAIL	DELARIMENT	UL	RICALIE

2411 N. Charles St., Baltimore

			7 A
leg.	Dist.	No.	50

### CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County..... Catonsville (If outside city or town limits, write RURAL and give nearest town) Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: 2105 Allendale Hood Nursing Home (If rural, give LOCATION) Now long in hospital or instilution?.... 3. (a) FULL NAME 3. (b) Social Security Number FLORENCE ANN BUNTING 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Female White Widow October 23, 19 45 20. DATE OF DEATH ..... William H. Bunting 21. I CERTIFY that death occurred on the date above slated: that I atleaded deceased from 6.(b) Name of husband or wife...... Aug. 28, 1859 deceased (mo., day, yr.) Il less than one day 8. AGE: Months 25 86 Maryland (Town, county, and state) Housewife 10. Usual occupation 11. Industry or business Charles G. Downs 12. Name..... Maryland (Joelude pregnancy within 8 months of death) 14. Malden nad Margaret Anderson 14. Malden name... Major findings of operations..... Virginia Mr. G. K. Heller 16. Informant... PHYSICIAN: Please underline the cause to which death should be charged statistically. 625 S. Smallwood St. 22. VIOLENCE: If death was due to external causes, fill to the following: 10/26/45 (month) (day) (year) Burial Dale thereof..... (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Baltimore Cem. Cemetery or cremalory..... (County) Balto. Md. Injured al bome, farm, lodustry, public place (where?) ..... Injured at work? Means of Injury 18. Funeral director WM . J . TICKNER & SONS Balto.. 23. SIGNATURE.

VS A15

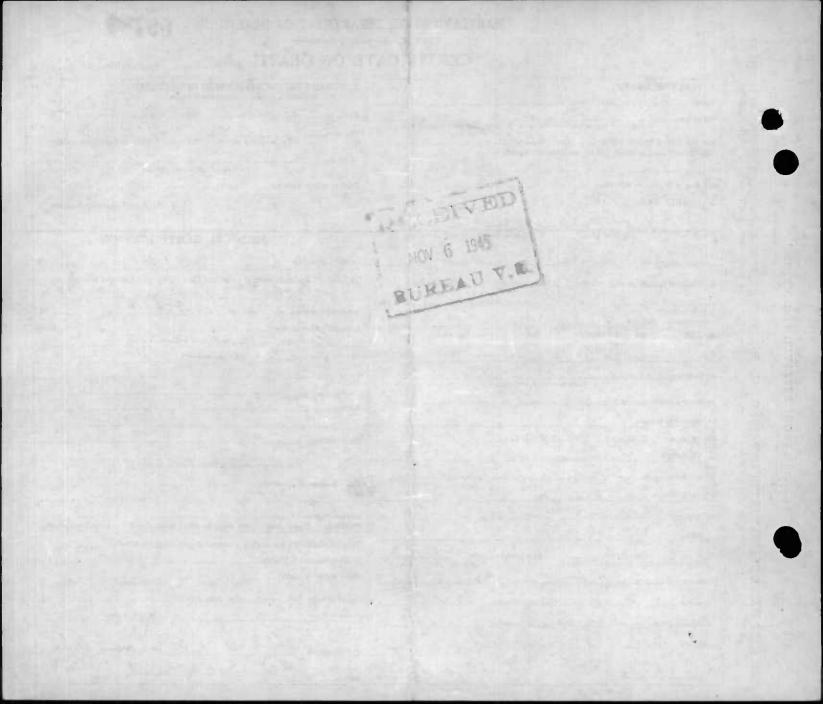
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bd)

# CERTIFICATE OF DEATH

09780 Reg. Dist. No. 36

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltemore	
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Nospital, institution, or street address where doath occurred;	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
H In-a In-tracked as In-akkullang	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olovernin Burke	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Formale White Wilner	MEDICAL CERTIFICATION
Temale While Medow	20. DATE OF DEATH Oct 14 1845 at 8. A.M
6.(b) Name of husband or wife Thos Level Beerke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jugh. 1 19 45 10 Och 14 19 45
7. Birth date of	and that I last saw har alive on Oct 14 19 45
deceased (mo., day, yr.) Queg. 6, 1870	Immediate cause of death
8. AGE: Years Months Days tiless than one day	aleka meh skie cardia -
75 2, 9hrsmin.	and the disease
9. Birtholace Thoodlaww Balta Co. ml	
9. Birthplace (Town, county, and atate)	Due to
10. Usual occupation Lace salvald Distress	***************************************
10. Usual occupation	Due 10
11. Industry or business	
# 12. Name John Robert	Dither conditions
X 13. Birthplace Unknown	
6 . 0 . 2 0 .	(Include pregnancy within 8 months of death)
E 14. Maidon name Sarah Mishpani	Major findings of operations.
15. Birthplace Unknown	Date of op.
18. Interment Addie O. Burke	Antepsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addross Oella, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thoroof Ost 11, 1945 (month) (day) (year)	
	Accident, suicide, or homicide
Cometory or crematory mt. Using learne terry	Where did injury occur?
Location Bandallstown md.	Injured at home, farm, industry, public place (whore?)
E + . 0	Means of Injury tojured at work?
18. Funeral director fast Store South	
Address Ellisott leity md	LED B Kent
12/12/11/01/01/1	23. SIGNATURE M. D. or others
19. (Date ree'd by Jegistrar)	Aller Eller of what signed 10/16/4



MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

	ACV
M.	No. 38 -
Reg. Dist.	No

09781

1. PLACE OF DEATH: Balturan	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				
City or town	State Ohio County  City or town Bristalville			
How long in above place of death?	City or town			
Hospitat, institution, or street address where death occurred:	Street No.			
Broudway Read -	(if rural, give LOCATION)			
How long in hospital or institution?	2.(a) 11 veteran, name war			
3. (a) FULL NAME Alma Corinthia Bu	3. (b) Social Security Number			
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Single	20, DATE OF DEATH October 15 1945 at 5 A M			
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from  18. 45.  19. 45.  19. 45.  19. 45.  19. 45.			
8. AGE: Years   Moeths   Days   If tess than one day	Immediate cause of death CANGINAMA, UTONES DURATION			
8. AGE: 12	mith metastasis to liver; cachexia 2 yes +			
B. Birtheliaco Bristolville Ohio (Town, county, and state)	Bue to			
10. Usoat occopation House Keeper	Dua fo			
11. Industry or business FEMET a				
12. Name Frances Burt 13. Birthplace Ohio	Other conditions frame were diverse			
	(Include pregnancy within 3 months of death)			
14. Maiden name SATAS DTT  15. Birthplace Ohio	Major findings of operations			
18. Informant CUY Wright	Autonsy results			
Address Brogdway Rd., Lutherville, ga.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)  Bate thereof. O. t	Accident, suicide, or homicide			
Cemetery or cromatory LOVE FUHLYA! HOWE	Where did injury occur?			
Location Cortland, Ohio	tnjured af home, farm, industry, public place (where?)			
18. Funeral director	Means of injury Injured of work?			
Address Town, Mid	23. SIGNATURE Collin 6. Andrew M. J.			
19. 10/15 19 45 (Oate rec'd by registrar) Registrar	Address Towan 4, And Date signed 1/15/45			

OCT 18 1945
BUREAU V.B.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (836)

# 09782

# CERTIFICATE OF DEATH

		42
X	Reg. Diat.	No. 35

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Trucke while whole  6.(b) Namo of heatened or wife heatened or wife	MEDICAL CERTIFICATION  2D. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and that I last saw h/ 23 alive on OC 2 18.  Immediate cause of death  Corchael Manufacts  OurATION  Ouy
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business 11. Name (Town, county, and state) 12. Name (Town, county, and state)	Due to
13. Birthplace Acuful C. Ind.  14. Malden name Acuful C. Ind.  15. Birthplace Besline Co.  16. Informant A. Emmy Bestine	(Include pregnancy within 3 months of death)  Major findings of operations
Address  Partie  17  Buil  (Buriai, cremation, or remays), Which?)  (Buriai, cremation, or remays), Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemelery or crematory Tosters Cemelery or crematory Tosters Cemelery or crematory Tosters Cemelery or	Where did injury occur?
18. Funeral director of S. Markling  Address WInte Stall me  19. Oct - 2 + 19.45 Mus. Loward S. Markl  (Onte rec'd by registrar)  Registrar	23. SIGNATURE

THE CALL STATE OF THE STATE OF

A Property of the Control of the Con

OCT 27 1965 BUREAU V 8

RE

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09783

## CERTIFICATE OF DEATH

			0211111011	2 01 221111	Reg. Dist. No.	2
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the control o	DECEASED:	
County. Baltimore  City or town		State Prince George Councillate City or town Laurol (If outside city or town limits Street No	, write RURAL and give ne			
3. (a) FULL NA		atilton	(Cadington)		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single	n. married, widowed, or divorced	MEDICAL CE	ERTIFICATION	., at .7.: 58P.
6.(b) Name of husbar  T. Birth date of deceased (mo., da)	***************************************		) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo  July 25, 19 and that I last saw h 9. alive on Oct	37 to Oct. 16	19. <b>45</b>
8. AGE: Ye	ars Months 33 9	Days 23	If less than one dayhrs,mln.	Permicious anemia		6 yrs
10. Usual occupation	House W	ook	ty, Maryland	Due to		
置 12 Name Jar	mes West Ca	tilton l Count	y, Maryland	Other conditions Hemiplegia		Since 1/5/45
14. Maiden nam	Mary Mac	Ewing	ounty, Virginia	(Include pregnancy within 8 n		
16. Informant	Hospital	record	ls	Antopsy results. None PHYSICIAN: Please underline the cause to wh		statistically.
17(Burial, cremati	ator ator	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	(State)
1B. Funeral director	anak / /	ne	weed	Injured at home, farm, Industry, public place (with Means of Injury)  23. SIGNATURE	Injured at work?	cent. O
19. (Date rec'd by	registrar)	1.	Registration Registration	PAddress Olifous re	lle Date signed	10/16/4

VS A15

RECEIVED

OCT 22 1945

RUESIAU V 8

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

\*Reg. Dist. No. 8430

How long in above place Hospital, institution, of Sprir How long in hospital	Baltimo Catonsv  outside etty or town i ce of death? 2 ye or street address where ng Grove St or institution? 2 ye	ille imitm, write ars, l death occurre ate Ho	d: spital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	earest town)
3. (a) FULL NAM	Ella M	ay Con	rad	3. (b) Social Security	y Number
4. Sex 5. Color or race 6.(a) Single-married, widowed, or divorced Female White				MEDICAL CERTIFICATION  2D. DATE DF DEATH	10:35pm
}			c) If alive, give egeyears	and that I last saw h.C.C. alive on	8 19 45 19 45
8. AGE: Year	rs Months	Days 27	If less than one dayhrsmin.	Immediate cause of death Cerebral hemorrhage	en Au
9. Birthplace	House	Virgin county, and wife	ia state)	Due to Hypertensive cardio-renal- vascular disease	
11. Industry or busine    12. Name	John	Barret d Stat		Dither conditions	
14. Maiden name	Virgi			(Include pregnancy within 3 months of death)  Major findings of operations	
18, Informant		tal re sville	-28, Maryland	Antopsy results	
Cemetery or cremat Location		Land L	(month) (day) (year)  (month) (day) (year)  (month) (day) (year)  (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)

RECEIVED

OCT 22 1945

BUREAU V.S.

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

09785

			3	2
D	Di-A	NI.	-	

1. PLACE OF DEATH Clarendow are.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)		
City or town	State. County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred	Street No. 227 Charendow Close		
•	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) ti veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Dannel Marin	w Cooper		
4. Say 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION		
Male Mite Married	20. DATE OF DEATH OCT 11 19 4 5 at 145 A M		
Mary Miloopher	DA T OFFICE that doubt a second of the date show plated, that I attended descend from		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that lattended deceased from		
S.(c) If alive, giye ageyears	19		
7. Birth dato of 1 1 1009	and that I last saw h. L. alive on Oct 11, 19 4/		
7. Birth date of deceased (mo., day, yr.) December 1/1887	Immediate cause of death Carebral embolis OURATION		
8. AGE: Years   Months   Days   tfless than one day	1 hour		
57 10 10 min.			
10 M			
9. Birtholace Pearisburg Va.	Due to Covonary thrombosis 2 month		
(Town, county and state)			
10. Usual occupation Corekleton Janger			
11. Industry or by Sness , M. S. You'x	Oue to		
12 Name tot Cooper	Other conditions		
	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Elizas Connelly.			
15. Birtholace. Persuis	Major findings of operations		
Mas In Vac das	Date of op.		
Address 2 2 XH clasendow are	Antopsy results		
Address 22 Aguarenaou me,	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Secural Bale thereof Oct 13/1945			
(Burial, cremation, or removal. Vinch?)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Maffordsville	Where did injury occur?		
At Il adding the			
Location Massagement to	injured at home, farm, industry, public place (where?)		
18. Funeral director Dyarry T. Urmacosk	Means of Injury Injured at work?		
Address 4204 Ridgewood are	ala Remoder		
1. 1 DI 11-1. 1	23. SIGNATURE M. D. or other		
19. Jo Jo Joseph 19.45 P.W Heavel	103 9 N Calvert PT Balo storned O of 11,1945		

mise the second of the second

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (312)



# CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County		State Maryland Cour	Baltimore Baltimore		
City or town Re1sterstown (If outside city or town limits, write RURAL and give nearest town)		City or town Reisterstow	n		
How tong in above place of death?		(If outside city or town limits, write RURAL and give nearest town)			
208 Chatsworth ave		Street No. 208 Chatsworth Ave (If rural, give LOCATION)			
How long in hospital or institution?				2.(a) If veteran, name war	
3. (a) FULL NAME					
Sarah Virginia Corroum			corroum		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION 30
F	W		Widowed	20. DATE OF DEATH. 10 - 2-3	3 - 15 3 13 M
8.(b) Name of husband or wife. William Jackson Corro  6.(c) If allive, give age. years  7. Birth date of decessed (mo., day, yr.) January 30 1862		120. I CERTIFY that death occurred on the date above 130.  snd that I last saw h	re stated; that I attended deceased from  10		
8. AGE: Years		Days	tf less than one day	Immediate cause of death	
83	8	25	hrs min.	Jugane	ce / years
9. Birthpisce	(Town, c	county, and st	Harford Co-Md	Due to. The state of the state	
10. Usual occupation		Busin			
11. Industry or business		-		0	Ω
置 12. Name Thomas S. Denbow			OW	Dither conditions 22 plass	is chloric
	salto Md			(Include pregnancy within 8 m	ontha of death)
14. Maiden name Catherine Stridehoff			dehoff	Major findings of operations.	
15. Birthplace Penna					Date of op.
18. Informant william Thomas Corroum Address Reisterstown Md		Antopsy results			
- Addition				22. VIOLENCE: If death was due to externat caus	ses, fill in the following:
17. Burial Date thereof Oct 26 1945 (month) (day) (year)		Accident, suicide, or homicide	Date of		
Cemetery or crematory Old Brick Baptist Cemetery			(County) (State)		
Lemetery or crematory.					
Location Jarrettsville Md			C MQ	Injured at home, farm, Industry, public place (wh	
18. Funeral director. Wm Berryman & Sons		Means of Injury	tnjured at work?		
Address Reisterstown Md			МФ	23. SIGNATURE SAMUL	T Lasself
19. Och - 2 (Date rec'd by res	S 19.45		ary B. Eline. Registrar	Address Rue tue toron	Dud Date signed 10-25-4

HIT ALSO HE LEVEL TO THE PARTY OF THE PARTY

OCT 27 1965

2411 N. Charles St., Baltimore 46-6

### CERTIFICATE OF DEATH

09787

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Total Manual County	(For newborn Infants give residence of mother)
City or fown (If outside city or town limits, write RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give pearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
respiral, institution, or succe agaress where actin occurred.	Street No. 7 6 Colon Add Add Colon
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Stogle, married, Widowed, or divorced	again.
	MEDICAL CERTIFICATION
Male W widow	20. DATE DE DEATH COUNCIL G 19/5, 81 7 . M
6, (b) Hame of husband or wife has speak the Collections	21. I CENTURY that death occurred on the date above stated; that I attended decreased from
	19 2 1, 10 00 19 74
7. Birth date of	and that t last saw bell alive on
deceased (mo., day, yr.) Ally 3 / 8 6 6	Immediate cause of death
8. AGE: Years Months Days If less than one day	10
79hrs,min.	Manni Y V Toward 10 mm
B - Ston O. A. P.	C Centrull
9. Birthpiace (Town, county, and state)	The table of table o
10. Usual accupation Machiner 1917	W Mas Thus
	Due fo
11. Industry or business	
# 12. Name AMMAN AMMAN	Other conditions
13. Birthplace	
El Transconto monto	(Include pregnancy within 3 months of death)
15. Birthplace	Major Endings of operations
≥ 15. Birthplace	Date of on
16. Informani Miss. Ethel Mc Shane	Autopsy results.
IN DI	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address To Diording Rd.	22. VIOLENCE: tf death was due to external causes, fill in the following;
17 (Durial Date thereof 10 410 - 45	
(Burlal, cremation, or removal. Which?)	Accident, sulcide, or homicide
Cemetery or crematory Athan Tellows Dans	Where did injury occur?
Location Custatilles fla.	Injured at home, farm, industry, public place (where?)
Location	Means of Injury / Injured at work?
18. Funerat director	means of mjure at work?
Address 5315 Haisfard Pl	///oralavimil
101 Page 10	23. SIGNATURE
19. (Date ree'd by registrar) Registrar	Address M. B. prother  M. B. prother  Bale signal

MARGIN RESERVED FOR BINDING

VS A15

19 HTN

he correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 810)

09788

Reg. Dist. No. 44

### CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	3 3 3 3
County	Baltimore	7	State Maryland County		
City or town	Fort	nits, write RURAL and give nearest town)			
How long in above place of	death? 1 De	Y	City or town Baltimore (If outside city or town limits	s, write RURAL and give no	arest town)
nospital, institution, or st	LEGI MODICAZ MIIGIO O	cam occurred.	Street No. 2212 W. Boot	h St.	
Vets. Adm.	Fac. Fort	Howard, Maryland		LOCATION)	/
How long In hospital or in	stitution? 1 Di	ay	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number
	STE	PHEN DILLINGER			
4. Sex :	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Simple			1.10 D
Mara	WILLOG	- Assigle	20. DATE OF DEATH October 18		
8.(b) Name of husband or	wife		21. I CERTIFY that death occurred on the date abo		
•=====================================		B.(c) If alive, give ageyears	and that I last saw h. im. alive on Octo	har 18	
7. Birth date of deceased (mo., day, yr.)	11	2/45/-1413-			
8. AGE: Years	Months	Days   If less than one day	Immediate cause of death		
31.	10	7hrsmin.	Pneumococcic Meningi	U18	36 Hrs.
9. Birthplace Qu	istro	Trungary	Due to		
10. Usual occupation	The	da			
	7		Due to		1
11. Industry or business	De oru	non y			***
문 12. Name	other 1	Lighter	Other conditions		
13. Birthplace	Justo	Hengory	(Include pregnancy within 3	months of donth)	
14. Malden name.	molen	e Stolle			
14. Malden name	Juston	- Steeden	Major findings of operations		
	Charles of	1,200			
		rds. Vets. Adm. Fac.	Autopoy results	the last death to decree	l atabletically
Address	Ft. Howard	, Maryland			stausucany.
AUDT	TLI	10/22/45	22. VIOLENCE: If death was due to external car		
17 Burial, cremation, o	or removal. Which?)	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or eremetory	10-10-	12 adreas	Where did injury occur?(City or town)	(County)	(State)
1/1/1	4 4	es land	Injured at home, farm, Industry, public place (w		
Location C. L.	timen	1-1/1	Means of Injury	Injured at work?	
1B. Funeral director.		usplit - Sal		. 1	
Address / 8-10	DV. (11	Elliman St	anns a	too	

Registrar

A. M. BALTER, LT. COL., Fort Howard, Md.

MJCP. OCHIN.DIR.

RECEIVED

OCT 20 1945

Veter Line Per Port Transit, Marythans

And of the state of the same o

item of infor-should state

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

V. S. No. 1 B

## STATE OF MARYLAND—CERTIFICATE OF DEATH

50	1	7	80
1	U	9	P

1. PLA	CE OF DEATH				Bio			
Cou	nty Delfin	me	_			Registration	Dist. No.	
Villa	age or City Ca	Lane	ville		No		St.,	Ward
					death occurred in a hospital or institu		instead of street and	number)
Leng	th of residance in city of	r town where	death occurred	yrsmos	ds. How long in U.S. if o	f foreign birth?	yrsm	osds.
2. FUL	L NAME	ela	ccee	lear.	d'ayre			/
(a)	Residence: No. 4	aughs	tere of	the Euc	hotrial ward.	If nonresident	give city or town and	State
PE	RSONAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR	OR RACE	OR DIVORCE	RIFD, WIDOWED, O (write tha word)	21. DATE OF DEATH	(Month)	(Day)	, 197 (Yaar)
	ed, widowad, or divorce	đ						
	IFE of		/		22. I HEREBY	10 CERTIF	Y. That I attended	deceased from
		Ø		013	I last saw h	Sell 2	7 10 4	death is said
6. DATE OF	F BIRTH (month, day, a Years	Months /	Days	I Af LESS than	to have occurred on the date state	d above at	m	v, douth 13 3414
1. AGE	73	4	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT	Control of the contro	es of Importança	
O T	de, profession, or parti	/	)	formin.	were as follows:	-	-	Oate of onset
S 0. 118	kind of work done, as SAWYER, BOOKKEEPE	SPINNER,	ontke	e per.	12	01		60
9. Ind	ustry or business in w	hich			1 Court	Ance	- A	- Fred y
5	work was dona, as SIL SAW MILL, BANK, atc.	K MILL,					***************************************	1
10. Dat	a daceased last works this occupation (month	at and	11. Total ti	ime (yaars) nt in this				
	yaar)		0071	pation	Other Contributory Causes of imp	ortanca:		
	PLACE (city or town)	Dal	Limas	<b></b>				
	nte or country)		0 shl 11	K-19-101-				
13. NA	ME Mu	hae	ZJY.	- Tyle				
14. BIR	THPLACE (city or town	)	VV. Va	/	Name of oparation		Data of	
	(Stata or country)	7,	19 60		What test confirmed diagnosis?		Was there an	autopsy?
15. MA	IOEN NAME	low	. The	ea-	23. If daath was due to extarnal ca	uses (VIOL ENCE) fi	il in also the followin	g:
15. MA 16. BIR	RTHPLACE (city or town	)(	My		Accident, suicide, or homicide?	Ma	Date of Injury	19
Σ	(Stata or country)		- 1		Whara did injury occur?	(Sacrifu city or	town, county and Sta	40)
17. INFORM	IANT Musicipal (direction)	J. E	Then	nery,	Specify whether injury occurred i	n INDUSTRY, In HO	OME, or in PUBLIC PL	ACE.
	, CREMATION, OR REA	IOVAL		7	Mannar of Injury			
Plac	Loshedia	h	Date 101	3 1945	Natura of injury			
19. UNDER	TAKER	John 3/8	y To	i St.	24. Was disaasa or injura in any v	vay ralated to occup	pation of deceased?	
	10-2	4.5	ach	Sec.	(Signed)	Mell	menesse	M. D.
20. FILED	, 19.	·V		Registrar.	(Address) - Ca	Consider	1-28-	Lud

### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

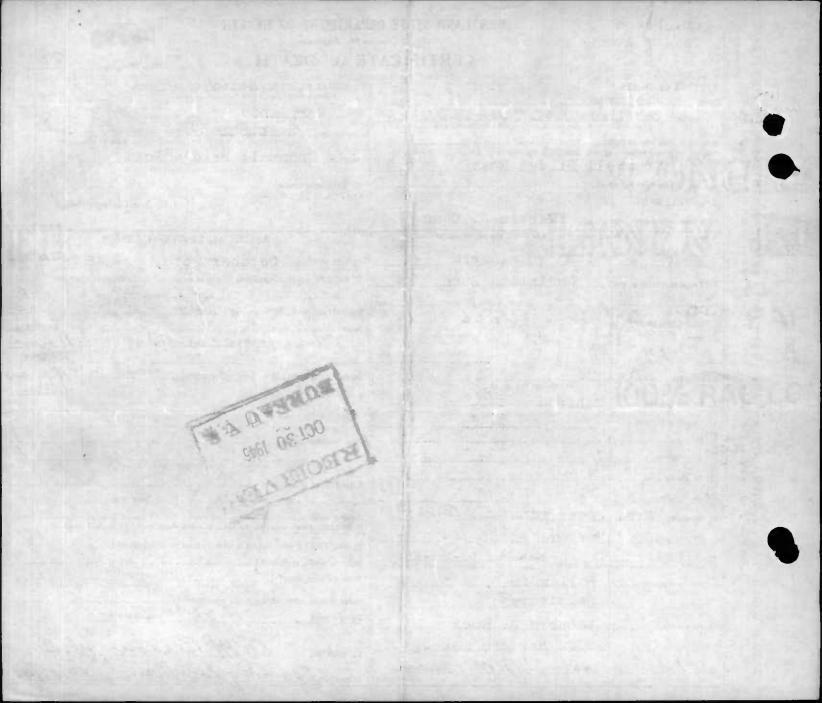
VS A15

Dr.	Bac	on
Tayl	or	Avenue

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 93-4 CERTIFICATE OF DEATH

1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
But imore Co Joursey Russ	State Mary Land County Bells.
(If outside city or town limits, write RURAL and give nearest town)	City or town Ballinore Towsm-Russl
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Crummell Bridge Road	Street No. Crummell Bridge Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Martin J. Dunn	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	28. DATE OF BEATH OC. tober 26th, 19. 45. et 5. 15.4
6.(b) Name of husband or wife Christina Dunn	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last sow h Min alive on Oct - 25 19 48
deceased (mo., day, yr.)  /866	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day 2 2	The myocarditio // year
9. Birthplace	Theypertension 11 year
1D. Usual occupationRetired	Jellus:
11. Industry or business	Due to
12. Name	Other conditions
13. Birthplace	
14. Malden name	(Include pregnancy within 8 months of deuth)
14. Malden name	Major findings of operations.
16. Informant Mrs. James Dione De Omo	Autopsy results
Address 8304 Harford Road -14-	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buris 1 Date thereof 10-29-45 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Baltimore	Where did injury occur?
Pol+imo no	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
	Means of Injury Injury Injury
18. Funeral directorLe.ona.rd. J. Ruck	ments of many injury injury
Address 5305 Harford Road-14-	23. SIGNATURE a. M. Bacon M.D.
19. 19. 2 8 1945 Q. M. Bacan (Date rec'd by registrar)  Registrar	Address 2 510 Jay los live. Date signed 0/2 8/42



2411 N. Charles St., Baltimore /3/2 CERTIFICATE OF DEATH

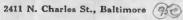
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	~ .		***************************************	Mareland		
City or town(If	ontside city or town	limits, write	RURAL and give nearest town)			
How long in above place of dealh? 2 months, 1 day				City or town. Baltimore-30 (if outside city or town limits, write RURAL and give n	eurest town)	
Hospital, Institution, o	streel address when	e death occurre	ed:	Sireet No. 18 West Hamburg Street		
			ospital	(If rurai, give LOCATION)	7	
How long in hospital of	r Institution?	nonths,	l day	2.(a) If veteran, name war		
3. (a) FULL NAM		e Eaton		3. (b) Social Security	y Number	
4. Sex	5. Color or race	6.(a)Sing	rle, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Married	20. DATE OF DEATH October 2 19 45	at 3:20 D.	
		(innie	Chri sterfer	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
				July 31 19 45 to October		
7. Birth date of		6.	(c) If elivo, give age	and that I last saw h im alive on October 2		
deceased (mo., day,	<sub>(r.)</sub> Janua	ary 15,	1804	Immediate cause of death.		
8. AGE: Year	Months	Days	if less than one day	Acute pulmonary oedema		
81	8	17	hrs min.			
9. Dirthplace	Queen	Anne's	County, Md.	Due to Chronic hypertensive cardio		
o. Diffiplaco	(Tow	n, county, and	state)	renal-vascular disease	Indef.	
10. Usual occupation.	Labor	er		Due to		
11. Industry or busines				5		
12. Name	Jacob	Eaton		Other conditions	***	
13. Birthplace	?					
E 14 Maides nome	?			(Include pregnancy within 3 months of death)		
14. Maiden name. 15. Birthplace	?		•••••••••••••••••••••••••••••••••••••••	Major findings of operatious		
≥ 15. Birthplace				Date of op.		
16. Informant Hospital records				Autopsy results. None		
Address	Caton	sville-	28, Md.	PHYSICIAN: Please underline the cause to which death should be charged	d statistically.	
17 Bus	inl.	Onto the	10/5/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation	, or removal. Which	11 - 11	reof (monyh) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory Tungo	ley Ch	apel Cemetery	Where did injury occur?	(State)	
Location Dec	eens a	me	Co. md.	Injured at home, farm, industry, public place (where?)		
(	le 4	Λ	y Inc	Means of injury Injured at work?		
To talle a leading	ohn I	L OL	9 0 100	(X) 7649 (		
Address 77	dight	ST.		22 SIGNATURE Cher & Farance	vu. 12	
" 10/X	1085	- /	7. W. Hedrick	Robert E. Gardner, M.D. M.D	, or other	
(Date ree'd by re	gistrar)		Registrar	Address Catonsville-28, Md. Date signed	10/2/45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH



### CERTIFICATE OF DEATH

Reg. Diat. No.38

State 102 And County With Will Will All and give nearest town)  How long is about gaze of death?  How long is about a correct of the correct of the control of the control of the correct of the control of the correct of the control of the correct of the correct of the control of the correct of the correct of the control of the correct of the control of the correct	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
The best of the control of the contr	County Co		
Borelial, Institution, or relaphoderes many shape accorded   Sirest No.	(If outside city or town limits, write RURAL and give nearest town)		
Row long is hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Set Solve or rate Social Security Number  4. Set Solve or rate Social Security Number  5. Coder or rate Social Security Number  4. Set Solve or rate Social Security Number  5. Coder or rate Social Security Number  6. (b) Rame of humband or with Military Social Security Number  7. Birth date of Code Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (c) Rame of humband or with Military Social Security Number  7. Birth date of Code Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (d) Rame of humband or with Military Social Security Number  8. AGE: Years Meetlas Days If less than one day  9. Solve to Code Social Security Number  9. Solve to Code Social Security Number  9. Solve to Code Social Security Number  9. Solve to rate Social Security Number  9. Date of the date above states, that I attended decoased from Social Security Number on the date above states, that I attended decoased from Social Security Number on the date above states, that I attended decoased from Social Security Number on the date above states, that I attended Security Number on the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attend	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest t	own) (
Row long is hospital or institution?  3. (a) FULL NAME  3. (b) Social Security Number  4. Set Solve or rate Social Security Number  4. Set Solve or rate Social Security Number  5. Coder or rate Social Security Number  4. Set Solve or rate Social Security Number  5. Coder or rate Social Security Number  6. (b) Rame of humband or with Military Social Security Number  7. Birth date of Code Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (c) Rame of humband or with Military Social Security Number  7. Birth date of Code Social Security Number  8. (c) Rame of humband or with Military Social Security Number  8. (d) Rame of humband or with Military Social Security Number  8. AGE: Years Meetlas Days If less than one day  9. Solve to Code Social Security Number  9. Solve to Code Social Security Number  9. Solve to Code Social Security Number  9. Solve to rate Social Security Number  9. Date of the date above states, that I attended decoased from Social Security Number on the date above states, that I attended decoased from Social Security Number on the date above states, that I attended decoased from Social Security Number on the date above states, that I attended Security Number on the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attended decoased from Social Security Number of the date above states, that I attend	Hospital, Institution, or stress accress where both occurred 1	Street No. SOUY/on Ave	
3. (a) FULL NAME  4. Sex  5. Color or race  6. (b) Rame of humband or wife.  6. (c) Rame of humband or wife.  6. (d) Rame of humband or wife.  8. (c) It alive, give age.  7. Birth date of decreased (no. 187, yr.)  7. Birth date of decreased (no. 187, yr.)  8. AGE: Tears  8. Binthplace.  7. Birth date of county, and detects  7. Birth date of county, and detects  8. AGE: Tears  8. Binthplace.  9. The property of the county, and detects  9. Difference county, and detects  11. Indicatory or business  12. It seems  13. (b) Social Security Number  14. Maiden accompanies.  15. Birthplace.  16. Internal.  17. Difference county, and detects  18. Maiden accompanies.  19. Birthplace.  19. Haiden accompanies.  19. Haiden acc		(it rural, give LOCATION)	
Set   S. Collector race			
See Solder or race  Employed White  Second and second control of the second control of t	Sarah Matilda E	dwards 3. (b) Social Security Numb	ber
S. (6) Name of hurband or wife  CW 27.5  S. (c) If alive, give age  7. Birth date of decay, yr.)  8. AGE: Years  8. AGE: Years  8. AGE: Years  8. Birthplace.  CTown, country, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Naiden name.  15. Birthplace  16. Informant  17. Birth date of operations.  18. Birthplace  19. Ward occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Naiden name.  15. Birthplace  16. Informant  17. Ward occupation.  18. Funeral director  19. Ward occupation.  19. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Ward occupation.  15. Birthplace  16. Informant  17. Ward occupation.  18. Funeral director  19. Ward occupation.  21. I CERTEFY I had death agegured on the data above states; that I altanead deceased from and that I last saw h. L. Salive and that I last saw h. L. Salive on Control of Easth Immediate cause of death.  19. Ward occupation.  19. Ward occupation.  22. I CERTEFY I had death agegured on the data above states; that I altanead deceased from and that I last saw h. L. Salive on Control of Easth Immediate cause of death.  19. Ward occupation of Easth Industry of Easth Industry occupations.  19. Ward occupation of Easth Industry occupations.  22. VIOLENCE: If death was due to external causes, fill in the following:  19. Where did injury occur?  (City or town)  (County)  (State)  19. Ward at home, farm, industry, public place (where?)  19. Where did injury occur?  (City or town)  (County)  19. Ward at home, farm, industry, public place (where?)  Means of injury  19. Ward occupation.  M. D. or other.  19. Ward occupation.  21. Industry occurs on the data and that I last saw h. L. Salive Industry occurs on the country of	4. Sex 5. Color or race S.(α) Single, married, widowed, or divorced		.6
7. Surith false of deceased (me, day, yr.) July 30 186 3 Is less than one day  8. AGE: Years Months Days If less than one day  8. Birthplace State (Covm., county, and state)  10. Usual occupation Posses None  11. Industry or business None  12. Name None  13. Birthplace None  14. Walden name None  15. Birthplace None  16. Informant None  17. Industry or business None  18. Informant None  19. County (year)  Connectery or creminary None  County None  County None  18. Funeral director None  18. Funeral director None  19. County None  19. County (year)  County (City or town) County (State)  Industry or business Hold of the following:  Address None  19. County (year)  County (City or town) County (State)  Industry public place (where?)  Means of Industry, public place (where?)  Means of Industry, public place (where?)  Means of Industry, public place (where?)  Means of Industry indu		20. DATE OF DEATH OCTOBEY 19 1945, 24	PM
T. Birth date of deceased (inc., day, yr.) July 30 1863  8. AGE: Years Months Days II less than one day  8. AGE: Years Months Days II less than one day  10. Birthplace. State of the state			
1. Birthplace   Stevenson   St			
8. AGE: Years Months Days If less than one day    Selection	1 7 Right date of		
8. Sirhplace		Immediate canso of death	111
18. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. thformant  Address  17. Antopy results.  PHYSICIAN: Please underlino the cause to which death should be charged statistically.  18. To receive or crematory.  Location  18. Funeral director.  Address  Addr	82 2 20		
18. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. thformant  Address  17. Antopy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  18. Thereal director.  18. Funeral director.  Address  Add	a statistican Stevenson Md	Duate Convonic Cardiac	
Due to  11. Industry or business    12. Name    13. Birthplace	(Town, county, and state)		1
11. Industry or business    12. Name	1B. Usual occupation 74005eW1 Ee		
13. Birthplace  14. Maiden name			
14. Maiden name  15. Birthplace  16. Informant  Address  17. Date therest  Cemetery or crematory  Location  Location  18. Funeral director  Address  Antopsy results  Antopsy r	E 12. Name WILLIAM Eckers	Dither conditions	
14. Maiden name  15. Birthplace  16. Informant  Address  Bay 1000  Date there:  (Iprini, cremation, or removal, Nineth)  Cemetery or cremitary  Location  Address  Address  Address  Address  Address  Address  Accident, suicide, or homicide.  (City or town)  (County)  (State)  Injured at work?  Major findings of operations.  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Means of injury occur?  Means of injury  Means of injury  Means of injury  Means of injury  M. D. or other		(Tarley) and the first of Jarley	
Antopsy results.  PHYSICIAN: Please underlino the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of	# 14 Maiden name Rachae Tocock		
Antopsy results.  PHYSICIAN: Please underlino the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Date of	5 15. Birthplace Maruland		
Address  Bay 107  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide			******************
Date there:  (Ightful, cremation, or removal. Which)  (Ightful, cremation)  (Ightfu			ically.
Cemetery or cremation, or removal. Which (day (year)  Location (City or town) (County)  Location (City or town) (State)  Injured at home, farm, industry, public place (where?)  Addresse  Addresse  Addresse  M. D. or other	1 Pilleril 1	22. VIOLENCE: If death was due to external causes, fill in the following;	
Where did injury occur?	(tornal, cremation, or removal, Athicty) (month) (day) (year)	Accident, suicide, or homicide	***************************************
Location injured at home, farm, industry, public place (where?)  18. Funeral director Man Solvano Means of Injury Injured at work?  Addresse 23. Signature 12. Man Solvano M. D. or other.	//////////	Where did injury occur?	te)
18. Funeral director Buy Dollars Sollars Solla	Location Deltomore Co, Mel		
Addrasa Jowe Day 11 1 23. SIGNATURE Schooling Hollowell 1800	Jala 13-1. Jan 1	Means of Injury / Injured at work?	
1 21/21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I NIGHT	I hack HIT homes	Mores
(Date rec'd by registrar)  (Date rec'd by registrar)  Address Date signed Date	1 STM 45 MINDENANDALINA	23. SIGNATURE M. D. or other	et/
	(Date rec'd by registrar)	Address Date signed Date signed	9/45

NOV 5 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

Baltimore

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B&

09793

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)

City or town	Fort Ho	ward	RURAL and give nearest town)	State Maryland Cou	nty	.********
How long in above place	of death?	Days.	***************************************	City or town Baltimore (If outside city or town limits	, write RURAL and give ner	arest town)
Hospital, Institution, or street address where death occurred:				Street No. 610 Jesper Stre		
			Howard, Maryland	(If rural, give	LOCATION)	
How long in hospital or	r Institution?	Days	***************************************	2.(a) If veteran, name war. WW-I	•••••	<b>v</b>
3. (a) FULL NAM	E			"	3. (b) Social Security	
(a) 10 a2		AMES :	H. EMORY		3. (0) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	rie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored		Married	October 22	AE	2.224
	1			20. DATE OF DEATH October 22,		
6.(b) Name of husband	or wife Minni	e Emo	<b>ry</b>	21. I CERTIFY that death occurred on the date about		
			(c) If alive, give age	August 31,	b to Uctober	22, 19 45
7. Birth date of			(c) it diret, give age	and that I last saw h im alive on Octo	ber 22,	19.45
deceased (mo., day, )				Immediate cause of death	g a o o a 1 o g g g g z o z a o o g o o o o o o o o o o o o o o o o	DURATION
8. AGE: Years	Months	Days	If less than one day	Tuberculosis, pulmonar	v. chr. far	6 Mag
48	6	13	hrsmln.	advanced active III		plus
	hea fural			Due to.		
9. Birthplace	(Town,	county, and	state)	Due to		************************
						*
				Due to		
11, todustry or busines						
				Other conditions		***************************************
	Maryland			(Include pregnancy within 3 n	conths of death)	
14. Maiden name.	Eliza Joh	nson				
OF 45 Bi-theless	Maryland			Major findings of operations		
					Oate of op	
			Vetz. Adm. Fac.	Autopsy results		
Address FC	ort Howard,	Mary.	land	PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
" BUL	108		reof Octo 6,1945	22. VIOLENCE: If death was due to external cause		
(Burial, cremation	, or removal. Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or cremato	ny Mate	nu	Less et way	Where did Injury occur?(City or town)	(County)	(State)
	Battan	0 6	marlands	tnjured at home, farm, industry, public place (wh		
Location	11 11-1		21,61		Injured at work?	
1B. Funeral director.	ns/al	4	Williams	Means of Injury	1	
Address 322	- N Ren	IMA	lu di	RMG. My Cost	rand	
, A	1 1/-		- 1	23. SIGNATURE RICHARDS	MAJOR MACA NA	CTA CLINA
19. 10	18 K.S		26. Hedrul	23. SIGNATURE Y RICHARDS, Ft. Howard, Md.	DIR. Date signed	10-22-45
(Date rec's by re	gistrar)		Kegistrar	Address		***************************************

PLEASE WITTE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

09794

CERTIFICAT	TE OF DEATH Reg. Dist. No. 9
1. PLACE OF DEATH:  Baltimore  City or town. Towson Maryland  (If outside city or yown limits, write RURL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Eudowood Sanatorium, Towson 4, Md.  How long in hospital or institution?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME  Organization Mauri Steves 4. Sex 5. Color or race 6. (a) Single, married, widowed, or dispred	3. (b) Social Security Number
female blief Married  B. (6) Name of husband or wife Light & Esteries	MEDICAL CERTIFICATION  20. DATE DF DEATH. Of Local Death occurred on the date above stated; that Lattenged deceased from
7. Birth date of deceased (mo., day, yr.) MULL / D, / G PO  8. AGE: Years / Months   Days   it less than one day	and that I last saw head alive on Classical to 1945.  Immediate cause of death.  DURATION
9. Birthplace Mischief Recognity, anglétato)	Pulinanary Emberculasis Since
10. Usuat occupation. A first Activity.	Due to and of any of the contract of the co
12. Name Mayour Maure  13. Birthplace Alaing	Diher conditions
15. Birthplace Personal History Hospital Records	Major findings of operations.  Date of op.
Address Eudowood Sanatorium, Towson 4, Mo	Autopsy results
(Burial remation, or removal. Which?)  Cemetery or cremator.	Accident, suicide, or homicide
18. Funeral director August + Ryon	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19	23. SIGNATURE Milliam a Bridget  M. D. or other  Address Towson & Maryland  Date signed 10-4-45

BINDING

RESERVED FOR

MARGIN

PLEASE WRITE PLAIN

VS 151

	(d) Street No
	(e) Citizen of foreign country?(Yes or No.
	Foltz
	MEDICAL CERTIFICATION  20. DATE OF DEATH OCTOLER 8,19 45 at 7 7.10
	21. I certify that I took charge of the remains described above, held as
	Autopsy, Inspection or Inquiry
	by said Autopsy, Inspection or Inquiry, find that said deceased came todeath on the day stated above, and death in my
I	opinion resulted from: natural causes [], accident [], suicide [] homicide [], undetermined [] and that the causes of death were
I	IMMEDIATE CAUSE OF DEATH Franting of Shull
Į	
	Due to
	Other Conditions
	(Include pregnancy within 3 months of death)
	22. If an external cause was primary  or contributing cause of death, fill in the following:
	(a) Date of injury O. J. & 1945 4 M. (b) Where did injury occur? Inital River Bottling C
	(c) Did injury occur at home, on farm, industrial place, in public
	place? 9 ndm trie While at work? Yes (d) Means of injury Blunt force
	23. Signature Robert Ru Frakatu M.D.  Date signed Oct & 945
ı	

co. Healthofficer 10/14/45

2411 N. Charles St., Baltimore

	2			

09796

### CERTIFICATE OF DEATH

		<del></del>				
1. PLACE OF DI	Baltimo	ore		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	OF DECEASED: mother)	
. ^	660*		RURAL and give nearest town)	Slate	unly Baltimore	
			RURAL and give nearest town)	City or town (12 outside city or town limits, write RURAL and give nearest town)  Street No.		
	r street address where					
	••••••		••••••••••••••••••••••••••••••••			
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	IE	THOMA	S H. FOSTER		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	Colore	a	Married	20. DATE OF DEATH Octobe	V/4 1945 21 5 31 PM	
8.(b) Name of husbane	or wife Flo	rence	H. Foster	21. I CERTIFY that death occurred on the dale abo		
			c) If alive, give ageyears	. /	45 to October 14, 194	
7. Birth dale of deceased (mo., day,			. 1890		19 hpm)	
8. AGE: Year		Days	If less than one day	Immediate cause of death	SURATION DURATION	
5!	5 1			Joismes	and the state of t	
9. Birtholace	Mar (Town	yland		Due to Malignan	12 144 B	
				L. L. L. S.	Carpus - 1-yr.	
		4		Due to Cascular	Disease V	
11. Industry or busine		D4 A	age			
12. Kame		Md.	EKC	Other conditions		
	Commi		A 70	(Include pregnancy within 3 i	months of death)	
14. Malden name		Md.	er	Major findings of operations		
			77 - 4		Dale of op	
			Foster	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
Address L	onggreen	, Md.		22. VIOLENCE: If death was due to external cau		
17 Bur	ial n, or removal. Which	Date then	eof 10-18-45 (month) (day) (year)		Bale of	
			em.		(County) (State)	
				injured at home, farm, industry, public place (w		
			. Hemsley	Means of Injury	jojured at work?	
				60,4	1/11/11	
Address 5	78 W. Bi		A	23. SIGNATURE TO	Huason Ms	
19. DUT (	6 19 4X		(W) feelough	Work of	M. D. or other	
(Date rec'd by re	egistrar)		Registrar	Address	Miles Marie State Signed Julian floor Shaperen	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

### 2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(9797 Reg. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State md. County Bells.				
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Suny Inamor				
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)				
Hospital, institution, or street address where death occurred:	Street No. 2807 Hauge De se				
	(If rural, Ne LOCATION)				
How long in hospital or Institution?	2.(a) If veteran, name war				
3. (a) FULL NAME Chester Clemment	Fowble 3. (b) Social Security Number				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
m. M. Single	10 1 20 - WI 6H				
	20. DATE OF DEATH. Qcf. 20 - 19 43 at 64. M				
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from				
	19 10 19				
7. Birth date of deceased (mo., day, yr.) 2000. 14 - 1944	and that I last saw h19				
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death				
// 6hrs,min.					
B. Otions	,				
9. Birthplace (Town, county, and state)	Due to				
1D. Usuat occupation	Due to				
11. Industry or business					
12. Name James Joseph Jawble 2 13. Birthplace & Salto.	Dther conditions				
El Jennie Hollmenter.	(Include prognancy within 3 months of death)				
14. Malden name. Salta.	Major findings of operations				
≥ 15. Birthplace	Date of op				
16. Interment Carento	Antopsy results				
Address 2807 Paige Dure	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Berisl Det 22-45	22. VIOLENCE: If death was due to external causes, fit in the following;				
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Jacred Steart	Where did injury occur? (City or town) (County) (State)				
M. Sill Rd.	Injured at home, farm, industry, public place (where?)				
Location	Means of injury Injured at work?				
18. Funeral director. Som J. Connelly	means of injury injured at work?				
Address Court, md.	16 my Gebert				
MI CA DE CADA	23. SIGNATURE M. D. or other				
19. Cer. 2 19 43 Jim J. Connelly	109 hoppe ( of pair signed 10) 22/45				



2411 N. Charles St., Baltimore 170-3

## CERTIFICATE OF DEATH

09798

			2	1	
Reg.	Dist.	No	3	C	

1. PLACE OF DEATH: County County Care	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Edgundan ass Est Illegues Lan	Street No. 2-0-3
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. w	20. DATE OF DEATH CATON COCCUM
8.(b) Namo ot husband or wife	21. I CERTIFY that death occurred on the dato above stated; that t attended doceased from
8 (a) If all the sales are	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It toss than one day	tracker I Thuck
65min.	6-1-1-1-
7/2-	
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation Talaster	
0 + +	Duo to.
11. Industry or business.	accide C
# 12. Name Consultation (1) The Class	Other conditions
\$ 13. Birthplace	
5 Sell Me Can	(Include pregnancy within 8 months of death)
E 14. Malden name A A A A A A A A A A A A A A A A A A A	Major findings of operations.
2 15. Birthplaco	Date of op.
18. Informant 3 A Plans	Autopsy results
Address 4404 BD Star SPlace	PHYSICIAN: Please underline the conse to which death should be charged statistically.
13:0 1 10/9/45	22. VIOLENCE: tt death was due to external causes, filt in the tollowing;
(Burial, cremation, or removed. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? Catarille Balt my
Cemetery of Crematory	(City or town) (County) (State)
Location Land Land Land	injured at home, farm, industry, public place (where?)
18. Funeral director slange of The Massey	Means of injure work? The death of the tributed at work?
Address Catousville Mid	if Inti facefully
19. 10/9 10 45 7-C. andreas	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Deauly to callegate	Address 600 Ress Date signed Me

NOV 7 1955

MARCIN RESERVED FOR BINDING

VS A15

correct age

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland County  City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
JOHN W. GALLOWAY	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced  Male Colored Separated	MEDICAL CERTIFICATION  20, DATE OF DEATH. October 6, 1945 at 8:50 A
6.(b) Name of husband or wife Bessie Galloway  5.(c) If alive, give age ? years  7. Birth date of deceased (mo., day, yr.)  January 1881	and that I last saw n
8. AGE: Years Months Days If less than one day 64 8hrsmin.	Heart disease, Coronary Arterio- 1 Yr.  sclerosis, cardiac enlargement, plus
9. Birthplace	Due to  Diher conditions Pulmonary, edema, acute Sudden  (Include pregnancy within 3 months of death)  Major findings of operations  Date of op.
16. Informant Clinical Records, Vets. Adm. Fac.  Address Fort Howard, Maryland  17. Dural (Burial, cremation, or regoval, Whigh?).  Bate thereof (Inoptio) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Soltimore Potional  Location Sultimore Marie A  18. Funeral director Soltimore Address 802 Homography ave -	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?
19. (Dite rec'd by registrar) Registrar	Address Fort Howard, Md. Date signed 10-6445

he correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

				4		
1. PLACE OF DE.	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
Font	Howand -		•••••••••••••••••••••••••••••••••••••••	State Maryland County Frederick		
		limits, write RU	RAL and give nearest town)			
			hours	City or town Lewistown District.  (If outside city or town limits, write RURAL and give nearest town	)	
Hospilal, Institution, or			ad Manuland	Street No. Route # 3 (If rural, give LOCATION)		
veleransno	S.DT.FRT.T.	dawa O	d, Maryland	(If rural, give LOCATION)  2 (a) If veteran, name war Spanish American War		
How long In hospital or		uays.,	r nours	. 2.(a) If veteran, name war		
3. (a) FULL NAM!		HANSON (	GAUGH	3. (b) Social Security Number		
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	53	ingle	20. DATE OF DEATH October 28 1945 21 9:	30 a	
6.(b) Name of husband	or wife. Sing	le		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
			If alive, give ageyear	March 18 19.45 10 October 28 1945		
7. Birth date of				and that I last saw h.imalive on October 28	1945	
8. AGE: Years	r.) Novembe	Days	If less than one day	Immediate case of acam-	RATION	
O. MOL.				PNEUMONIA, LOBAR Two	days	
71	10	27	hrs,min		**********	
9. Birthplece Fre	ederick Co	county, and sta	land te)	. Due to		
		A <del>M</del>		Due to	************	
11. industry or busines		.1.		TOTAL PROPERTY TO A STATE OF THE STATE OF TH		
		şn		Dther conditions HEMIPLEGIA, LEFT		
				ARTERIOSCIEROSIS, GENERAL (Include pregnancy within 3 months of death)		
14. Maiden name.  15. Birthplace	Catherine	Hemmri	ck	Major findings of operations		
15. Birthplace	Maryland			major minings of operations.  Date of op.		
		onds V	starene Administ	Ta to oppresults.		
73-01	rt Howard		M.M.M.A. IAAAMIIDDDIMAAAAA	PHYSICIAN: Please underline the cause to which death should be charged statistical	y.	
Address	rt Howard,	JAKA .	a + 21 11.	22. VIOLENCE: If death was due to external causes, fill in the following:		
17, DWV	, or remogni, Which	Date thereof	Oct. 31-40	Accident, suicide, or homicide	************	
	Too	" to	(month) (day) (year)			
Cemetery or cremato	ry COC	2		Where did injury occur?		
Location	my	Cour	11491	Injured at home, farm, industry, public place (where?)		
18. Funeral director	M.Z	Great	can Han	Means of injury injured at work?		
Address Address	mr	nox	Amd.	- 23 SIGNATURE Straken B. Harwin May	he	
19	~9 1945 gistrar)	- Our	Registral	M. D. or other	28/4	

2411 N. Charles St., Baltimore

09801

CERTIFICAT	E OF DEATH Reg. Dist. No. 3.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore-31
How long in above place of death? 3 months, 10 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 26 S. Madeira Street
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 3 months, 10 days	2.(a) It veteran, name war
3.(a) FULL NAME Rose Gernhardt	3. (b) Social Security Number
	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH October 23 19.45 41.00 p.
6.(b) Name of husband or wife. George Gernhardt	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  July 13 19.45 to October 23 19.45
7. Birth date of Table 1 and 1	and that I last saw h er alive on Octob er 23 1945
deceased (mo., day, yr.) November 28, 1881 (1879)	Immediate cause of death
8. AGE: Years Months Days tiless than one day	Terminal pneumonia 24 hours
(65) 63 10 26hrsmln.	
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to
Uou cawi fa	
10. Usual occupation	Due to
11. Industry of Dusiness	
월 12. Name ? Mencke	Other conditions
13. Birthplace ?	(Include pregnancy within 3 months of death)
# 14. Malden name	
15. Birtholace ?	Major findings of operations
Hospital records	Autopsy results. None
Catonarilla-39 Warrland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 12 1	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;
17. B. W. Col. Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy Medlesmer	Where did injury occur?
2 2 1 2 1	
LUCZIION	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lilly & Zeiler cine-	Means of Injury Injured at work?
Address 403 8. Walke st.	Laday Votan de Due on
- 1 P 00 m	23. SIGNATURE Robert E. Uardner M.D. M. D. prother /45
19. (Date rec'd byregistrár)  (Date rec'd byregistrár)	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

NOV 1 1945

MARGIN RESERVED FOR BINDING

VS A15

e correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charlen St., Baltimore 2920 CERTIFICATE OF DEATH

	-		<del></del>			
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	14. 5	
			d	State Maryland County		
			RURAL and give nearest town)	Bowlinston		
How long in above place	of death?	Days			/	
Hospital, Institution, or	street address where	Howe	rd, Maryland	Street No.	V	
				(If rural, give LOCATION)		
How long in hospital or	Institution?	Days		2.(a) If veteran, name war		
3. (a) FULL NAM	E	CHARI	LES L. GORDON	3. (b) Social Secu	rity Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored		Single	20. DATE DF DEATHQctober 23,	5 at 2120 P.	
5.(b) Name of husband	or wifeSin	gle		21. I CERTIFY that death occurred on the date above stated; that I sttended  August 27. 19. 45., 10. Octob	or 23, 19 45	
7. Birth date of	<b>7</b> 00	3.03.0	(c) If alive, give ageyears	and that I last saw h. im. alive on October 23,	19.45	
deceased (mo., day,	(r.) 3-20-	1911		Immediate cause of death	DURATION	
B. AGE: Years		Days	tf less than one day	ANEMIA, ACHRESTIC	7 Mos.	
28		27	hrs min.		*************************	
	Darlington (Town,	country, and	state)	Due to		
10. Usual occupation	Unemploye	d		Due fo.		
11. Industry or busines						
		No.				
		*************		Other conditions		
13. Birthplace				(Include pregnancy within 3 months of death)		
14. Malden name. 15. Birthplace				Major findings of operations		
15. Birthplace	Maryland		74 4 5 4 4	Date of op.		
	nical Reco	rds. I	Vets. Adm. Fac.	Autopay results.		
T	ort Howard			PHYSICIAN: Please underline the cause to which death should be cha	rged statistically.	
Address	OI C HOWAI G	, mail	1 44 111	22. VIOLENCE: If death was due to external causes, fill in the following:		
17.		Date the	reof	Accident, suicide, or homicide		
(Burish, eremation	or removel. Which?)	5 40 40	(month) (day) (year)	Market and the second s		
Cemetery or cremate	ory Try yo			Where did injury occur?		
Location	rekler	1.1	langand	Injured at homa, farm, Industry, public place (where?)		
	Eleca 1	FC,	Bullak	Meens of injury injured at work?		
18. Funeral director	agreed.	dosi	0-0 Ge	David A . of At		
Address 55 6	Jeurs	7. Ao	se de More, his	PML. annsaller	)	
10 A	12- 1/4.	- ~	Dawney & Hartis	A. M. BALTER, LT. COL., M.		
19.	AL) 4 L			Address Fort Howard, Md. Date sig		

RECIDITION OCT 25 1945
BUREAU V.R.

All the court has been

. Old A 1889 . Sample Millian All .

. 4 00113 113

. ATSET

Gettemer 28. 488

## 09803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information car ally. T

MARGIN RESERVED FOR BINDING

VS A15

The correct age

1 PLACE OF DEATH.

2411 N. Charles St., Baltimore (83-2)

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No....

How long in above place Hospital, institution, or Dula	SON  outside city or town is  ef death?	y Rd.	Sireet No		
			2.(a) If veteran, name war		
3. (a) FULL NAM		MA HALSTEAD GOULD	3. (b) Social Security Number None		
4. Sex	5. Celer er race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Married	20. DATE DF DEATH Oct. 25, 19 45 18 A-M		
6.(b) Name of husband  7. Birth dale of deceased (mo., day,	***************************************	k Gould	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19		
8. AGE: Years	Months 3	Days   If less than one day	Christ Lemorthage 10hour		
8. Sirthplace	Housewi	fe	Due to Hypertrum Ogn		
13. Birthplace	England		Other conditions		
14. Malden name.	Amelia Cl Baltimo		(Include pregnancy within 3 months of death)  Major findings of operations  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
16. Informant	r. Frank G	***************************************			
17	ial , or removal. Which ory Loud Balt	on Park Cem.  oo, Md.  ICKNER & SONS	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		

A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-6

### CERTIFICATE OF DEATH

0	V	0	2	1
C	V	0	14	41

1. PLACE OF DEATH: Q _ 0+	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County Day Sossade	(For newborn infants give residence of mother)			
(If outside city or town limits, write RURAL and give nearest town)	State Infrancial County Baltania del			
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No. 10.5 Grade Attail			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
to mma Rosshey	a Himes Mone			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Widow	2D. DATE OF DEATH. Qcf. 10, 19 145 at 5:50 P. M			
8.(b) Name of husband or wife I desired of Thomas Hame	21. I CERTIFY that Beath occurred on the date above stated; that I attended deceased from			
	4-3 18.45, 10 10-10 18.45			
7. 8irth date of	and that I last saw h. e. alive on			
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause ni death			
o. Add.	Gronay Empolism 12 Ars.			
66 6 /3nrsmin.	D. J.			
9. Sirthplace. The Cown, county, and state)	Due to.			
10. Usuat occupation I touseruske	NUGHE 1/24/13:			
	Due to			
11. industry or business				
12. Name Chanfiel Radsheta	Dther conditions			
2 13. Birthplace & Schaty, Jehmany	(Include pregnancy within 8 months of death)			
# 14. Malden name The Real Alle Market	Major findings of operations.			
2 15. 8 ortholace Schwanenbuck Lerma	Date of op.			
16. Interment Herman Rosaliera	Antopsy results			
Address 7 & Michelann 1 Rd. Balta-29	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;			
(Burial, cremation, or remoyal, Which?)  Date thereof (Month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremaiory It I Blanch Classetty	Where did injury occur?			
Location & Streatt City Idamand Color	dolured at home, farm, industry, public place (where?)			
Ent. 1	Means of Injury Injured at work?			
18. Funeral director	Glory III m			
Address 608 Huederick and Catons Ma	23. SIGNATURE			
19. 1913 19 45 A-C. andrese	M. D. or other			
(Date ree'd by registrar)	Address Date signed			

NOV 7 1945

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

09805

### CERTIFICATE OF DEATH

Reg. Dist. No.

How long in above pl Hospital, Institution,	timore Halethorpe If outside city or town li ace of death? or street address where	death occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State			
3. (a) FULL NA				2.(u) ii veteran, name war			
0. (a) 1012 m		EMIL I	PAUL GUNTHER		3. (b) Social Secur	rity Number	
4. Sex	5. Color or race	b.(a)singl	e, married, widowed, or divorced	MEDICA	L CERTIFICATION		
Male	White		Widower	20. DATE OF DEATH Oct. 1,	19.45	3:50P.	
	***************************************		e) If elive, give age	ears and that I last saw h	19.45 to Oct	19 A h	
8. AGE: Ye	ars Months	Days	If less than one day	Immediate cause of death	nies - E		
69	10	2	hrs	nin. dioff has and	Jones	24hs	
11. Industry or busic	Treasure Sheet Me William Gu	etal Bu		Differ conditions Reference Co	oroney Subation	- Ihre	
14. Malden nan	Pauline Germany	Schnei	der	Major findings of operations		***************************************	
16. Informant	Ir. John H. 1415 Sulphur		r ng Road	PHYSICIAN: Flease underline the cause	e to which death should he char		
17Bu)	rial ion, or removal. Which?)	Date there	20f10/4/45 (month) (day) (year)	22. VIOLENCE: 11 death was due to exter			
Cometery or crem	atory Lorrain	ieCem.	***************************************	Where did injury occur?(City or t	town) (County)	(State)	
Location	Woodlaw	m, Md.		Injured at home, farm, industry, public pla	ace (where?)		
Address	WM. J. TJ Balto., N	CKNER.	& SONS	Means of Injury  23. SIGNATURE		D. or other	
(Date rec'd by	registrar)	el.	Pegis	rar Address Medical Colo	Date sign	ned Day 3-95	

6	
e	3
Th	7
٦.	9
1y	4
E	=
ef	L
ar	1
10	ea
0	F
341	去
E	100
OL	4
nf	JO.
	S
0	Se
n	au
te	0
V	he
er.	نب
6	te
۵,	77.1
Id	-
100	Se
U2	ea
. :	pl
Ä	7/0
H	ın
0	cia
Z	Si
D	hy
A	Ъ
E	ند
5	an
	rts
E	00
H	<u>E</u>
1	
×	113
$\exists$	in in
K	ec
K	S
I	3
F-3	•14
L	
21	
I	
-	
SI	
A	-
回	
PI	is especially important. Physicians: please write the causes of death clearly a checibly.

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 304

### CERTIFICATE OF DEATH

09806

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
County (Saltimore)	(For newborn infunts give residence of mother)			
City or town	State Maryland County County			
How long to above place of death? 2 months, 3 days	(If ontside city or town limits, write RURAL and give nearest town)			
Hospilal, Institution, or street address where death occurred:	Street No. 6.15 N. Stighland avenue Balto, 5			
Spring grove State Hospital	(If rurui, give LOCATION)			
How long in hospital or institution? 2 months, 3 days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Richard Habicht				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male white Married	20. DATE DF DEATH October 5 19.45 21.5.05 P. M			
6,(b) Name of husband or wife I here Tones	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	angust 2, 1945, 10 October 5 1945			
7. Birth date of	and that I last saw h some allve on October 5 19 45			
deceased (mo., day, yr.) March 28 1893	Immediate cause of death			
8. AGE: Years   Months   Days   If less than one day				
52 6 8hrsmin.				
	august 2			
9. Birthplace County, and state)	Due to			
10. Usual occupation M. achinist	Due to			
11. Industry or business	,			
12. Name Rudolph Stabilt	Dther conditions			
13. Birthplace aermany				
El Source Met	(Include pregnancy within 3 months of death)			
14. Malden name dawn Metz	Major findings of operations			
El 15. Birthplace Germany				
16. Informant Spring Grove State Stopulal Kecords	Autopsy resulta			
Address Catonsville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
B · N A C · -	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide			
	Where did injury occur?			
Cemetery processatory				
Location Challes We	Injured at home, farm, industry, public place (where?)			
18. Funeral director Salva W Miller Jus	Meens of Injury			
p. 16 - 16 10 11. 11.	(P) JETT			
Address 14032 & Ollwing M.	23. SIGNATURE Cobert 6. Farduer 160			
19. 10-6 1945 G-W. Nedrech	M. D. or other			
(Date rec'd by registrar)	Address bring from State Hopelate signed Oct. 5,1945			

Reid 10/6/45

PLEASE 1

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



## CERTIFICATE OF DEATH

09807

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infants give residence of mother)			
Cily or town Hillaide Rd - Storenson Mid	State County County			
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or iown (If outside city or town limits, write RURAL and give nearest town)			
nospilal, institution, or street address where death occurred:	Sireet No. 4203 Springwood av			
Hirer estale at Stevenson In	(If rural, give OCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Lamence H. Hah	3. (b) Social Security Number 2/2-07-13/9			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White married	20. DATE DE DEATH. 8:30 A. M			
6.(b) Name of husband or wife Amelia III. Buhn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of	and that I last saw h. alive on alive. 19.			
deceased (mo., day, yr.) July 25; /88/	Immediate cause of death			
8. AGE: Years Months Days If less than one day hrsmin.	Engine Gellere 30min			
a Rithplace Baltinge. Md.	Due 10			
1D. Usual occupation Intersect Date Tonator	Due to.			
11. Industry or business C. J. Benson Co.				
12. Name Jeny Jahn.	Other conditions			
	(Include pregnancy within 8 months of death)			
14. Malden name. Maryland.  15. Birthplace Maryland.	Major findings of operations.  Date of op.			
1 M 1 Car 11 1				
18. Intermany M.S. Amelya M.J. Jatana	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address 4203 springwood ave	22. VIOLENCE: It death was due to external causes, till in the tollowing;			
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Malland Park	Where did injury occur?			
Location Jaylon Que	Injured at home, tarm, industry, public place (where?)			
18. Funeral director Howard M. Blight .	Means of Injury Injured et work?			
Address 4914 Belair Road.	or CHALLING D. D. Carles. M. D.			
10/5 K5 A.W. Nedral	23. SIGNATURE M. D. or other			
(Date rec'd by registrar)  Registrar	Address Resolution, Date signed 10-4-45			

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 93-8 CERTIFICATE OF DEATH

09808

<b>0-11.11.1011.</b>	Reg. Diat. No.				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rusideuce of mother)				
City or town (If outside city or town limits, write RURAL and give nearest town)	State Ma County Bar I to Co.				
	City or town (if outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	0 /				
Jospa Pd	Street No. Jappa Rd.				
How long in hospital or institution?	2.(a)  1 reteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Mary M. Hartlors					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Widowed	20. DATE DE DEATH. OC T. 7 4 19 45 21 32 A M				
8.(6) Name of husband or wife. Va. 22. 5. H. Haxtlex	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from				
7. Birth date of 19 19 19 19 19 19 19 19 19 19 19 19 19	and that I last saw h. La. alive on				
deceased (mo., day, yr.) Aug. 15 - 1853	Immediate cause of death				
8. AGE: Years   Months   Days   If less than one day	arterio elesetti				
92 / 22hrsmin.	Cardio-Vascular 141.				
9. Birthplace / a for d co. Md (Town, county, and state)	Due to. Clusica :				
10. Usual occupation.					
11. Industry or business	Due to				
12. Hame Thomas Shant III	Other conditions.				
13. Birthplace Har ford Co. Md					
14. Maiden name Rachael Tucliar	(include pregnancy within 3 months of death)				
15. Birthplace Harford Co. Md	Major findings of operations.				
11	Date of op				
16. Informant 17 cs. H. 2 a.s. des	Autopsy results				
Address # 110 Full-vton P.O.	22. V10LENCE: 11 death was due to externat causes, fill in the 10ilowing:				
17. /3	Accident, suicide, or homicide				
	Where did injury occur?				
Location Amma Arundal Ca. 17d	Injured at home, 1arm, Industry, public place (where?)				
18. Funeral director Francisco Franc	Means of Injury Injured at work?				
Address 7,40,1 Belain Ords	23. SIGNATURE To. G. Grott, W.D.				
19. O 9 4 5 19 The second by registrar)  Registrar	Address 8100 Hanford / Elate signed 10/8/45				

RECEIVED

OCT 23 1945

BUREAU V.F

SPORTERING THE PROPERTY OF THE PARTY OF THE

2411 N. Charles St., Baltimore 743

- 1	1	13	SU	1	3	6	7	
1	0	U	8	1	ž	4	7	
						*		

Reg. Dist. No...

P

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: BG 1 +0	2. US
Cily or town	Siate
How long in above place of death?	City or
Nospitai, Institution, or street address where death occurred:	Street
How long in hospital or institution?	2.(a) t
Wissiam A. Ha	05
4. Sex 5. Color or race 6.(a) Single, married, widowed, ok divorced	
Male White Married	2D. DAT
Sahayiaya	21. I C
6.(b) Hame of husband or wife 9 4 h 2 V 1 2 V 2	220
7. Birth date of A O 1 D C C C C C C C C C C C C C C C C C C	and tha
deceased (mo., day, yr.) AFFI & 8 , 1882	Immedi
8. AGE: Years Momths Days If less than one day	***********
65min.	
9. Birthpiace /3a) to Ca	Due to
(Town, county, and state)	
10. Usuat occupation	Duo to
11. Industry or business	
12. Name	Diher co
13. Birthplace Belto Co.	
14. Maiden name Emma 3 15. Birthplace Balto Co.	
15 Birthniana Balta Ca	Major f
Cook and all a PP C	
16. Informant O. 9 h. e. y h. e. b. a. c.) P. P. e	Autops:
Address 206 at 1 Ave	22. V10
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Acciden
	Where
Cemetery or crematory 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	where
Location 4300 Belein Rd.	Injured
18. Funeral director Market W. K. Dippels Soms	Meens
Address , home band a Ann St.	
	23. \$10
18. 10/9 (Date food by registrar) 1945 Hhe Hadrick	Address
D ///	Maniego

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lifents give residence of mother)  Slate
City or town
Street No. TOUSSUM (If rural, sive LOCATION)
2.(a) if veteran, name war
3. (b) Social Security Number 215-09-3661 MEDICAL CERTIFICATION
2D. DATE DE DEATH OCT & 1945 at 4: P. M
21. I CERTIFY that legath occurred on the date above stated; that Lattended deceased from
arb 20. 1945 10 art 6 75
and that I last saw have alive on the box 19
Immediate cause of death
Coronary accounts 1 / 1/2.
Due to Bellies - followers ,
Duo to deffecter un mul
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide
Where did injury occur?
njured at home, farm, industry, public place (where?)
Meens of Injury Injured at work?
23. SIGNATURE LUX GELLUX
Address Date signed 10/9/41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

DI LOT OF DELTH

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



09810 Dist. No. 38

Reg. Diat. No. ....

#### CERTIFICATE OF DEATH

county 2708 Glendale Road	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	State Md. County Balto.			
City or town Parkville (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town			
Household attribute, or street address where death occurred:	Street No. 2708 Glendale Road			
at above address 33 yr	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war NO			
3. (a) FULL NAME	3. (b) Social Security Number			
CHRISTIAN HAX	212-16- 5439			
4. Sox 5. Color or raco 6.(a) Single, married, widowod, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. DATE OF DEATH OCK 2, 19 45 01 11 00 M			
6.(b) Hamo of husband or wife	21. I CERTIFY that doubt occurred on the date above stated: that I attended deceased from			
7. Birth date of deceased (mo., day, yr.) Feb. 19, 1871	and that I last saw h. alive on O. a. 19 4. S			
8. AGE: Years   Months   Days   It less than one day	Immediate cause of deats			
74 74 7 15nin.	Carcinam of prostate 191			
9. Birthplace Raltimore, Maryland	Due to.			
(Town, county, and state) Furniture Merchant				
tD. Usual occupationFurill cure merchant	Due to			
t1. Industry or business Louis Hax & Sons, Inc.				
12. Name Louis Hax 13. Birthplace Baltimore, Md.	Other conditions			
El Iceanhine Michael	(Include pregnancy within 8 months of death)			
17 miles in the contract of th	Majer findings of operations			
ts. Birthplace Baltimore, Maryland	Date of op			
16. Informant Mrs. Mary C. Maier	Antepsy results.			
Address 1905 Barclay Street	PHYSICIAN: Please underline the cause to which death should be charged statistically,			
17. Burial Date thereot 10-6-45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide			
Cemetery or crematory Loudon Park ~emetery	Where did injury occur?			
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)			
ts. Funeral director HENRY SANDER & SONS, INC.	Means of Injury Injured at work?			
Address NORTH AVE. & BROADWAY	The el a gratt kind.			
19. Ott 5 19 4	23. SIGNATURE / Landel a. grott le. D.  M. D. or other  Address. 8/00 Hanfal M. Dato signed 10/3/45			

VS A15

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ount;	and Ant
City or town TOWSON, Maryland (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 3/14 Dellan St South has &
Hospital Institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md.	Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) It veleran, name war
3, (a) FULL NAME	
	3. (b) Social Security Number
Emma Margaret Hemiga	n
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH O C + 26 19. 45 21 / 25 9
6.(b) Name of husband or wife Elmer Hennigan &	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	(OCX 23 1041 10 OCX 26 1041
7. Birth date of Jaire, give age years	and that I fast saw h alive on C 1
deceased (mo., day, yr.) May 28 1913	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
32 4 28hrsmin.	ff the transfer of the transfe
8. Birthplace Balto Co. Sura	Due to.
(Town, county, and state)	
10. Usual occupation Avusewith	
11. Industry or business	Due fo
	•
12. Name	Other conditions
2 13. Birthplace Sals Mid	(Include pregnancy within 3 months of death)
14. Maideo game ann Stump	
14. Maideo same and Strong  15. Sirthplace But nuc	Major findings of operations.
	-
The days and days are the second and the second are the second and the second are	Agropsy results.
Address Eudowood Sanatorium, Towson 4, M	
17 Burial Date thereof Oct. 80/45	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Oaks Louis	Where did injury occur?
Location Eastern ave Enti	Injured al home, farm, industry, public place (where?)
18. Funeral director Lilly & Seiler Line.	Means of Injury Injured at work?
	// nn.
Address 403 S. Walferst.	23_SIGNATURE VAIliam a Subject
10 70 M 10KT Collegella	Address Towson, 4 Maryland Bate signed.
(Dute rec'd by registrar) Registrar	Address Towson, 4 mary Land Date signed

date of bi	rth is sho	wn on	2411 N. Char	PARTMENT OF HEALTH les St., Baltimore 1220 'E OF DEATH	W981	. C 4 4
Stay in hospital or inst.	LICALINATION OF INSTITUTION OF INSTITUTION OF INSTITUTION OF INS.,	AVE.	RAL NEAR and give town)  O. YEARS	2. USUAL RESIDENCE (HOME) OI (For newborn infants give residence State	County BALTO , s, write RURAL NEAR and giv	Vard Noe town)
3. (a) FULL NAMI					3. (b) Social Security	Number
4. Sex  MAIE W 6 (b) Name of husband	5. Color or race WHITE	WI	married, widowed, or divorced  DOWER TE HOCK	20. DATE OF DEATHOCT	above stated; that I atjended dec	
11. Industry or business	FEB.26   Months   7   FERMANY (Town, control of the	Days  16  county, and st	If less than one dayhrsmin.	and that I last saw h malive on Of the last saw h malive on Of the last saw h	ntoris tu-Cardis	19 43 19 45 DURATION Succeeding
13. Birthplace	SUSANNA	MANY		Other conditions (Include pregnancy within Major findings:		PHYSICIA  Please under the cause to w
16. InformantFI	RANK_HOCK		I)	Df autopsy		death should be charged statist
17. BURIAL cremation, Cemetery or cremator Location - G  16. Funeral director - Address	or removal. Which?)  SACRE ERMAN HII  Liely  403 S. WOI	Date there	of OCT. 17/45 (month) (day) (year)  RT  Beiler Inc.	22. VIOLENCE: If death was due to external Accident, suicide, or homicida	Data of	(State)



MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

2. USUAL RESIDENCE (HOME) OF DECEASED:

#### CERTIFICATE OF DEATH

Reg. Diat. No ....

County Baltimore				
City or town				
How long in above place of death? 41 Days				
Hospital, Institution, or street address where death occurred:	Street No. 20 Cornhill Street			
Vets. Adm. Fac. Fort Howard, Maryland				
How long in hospital or institution? 41 Days	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
WILLIAM HENRY HOLLAND  4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced				
	MEDICAL CERTIFICATION			
Male Negro Married	20. DATE OF DEATH October 19, 1845 . 6:05 A. M			
6.(b) Name of hiskard of wife. Muriel Holland	" A			
7. Oirth date of	15 October 10			
7. Oirth date of deceased (mo., day, yr.) 7-16-93				
	Immediate cause of death			
o. Adz.	Cause: Hypertension & Coronary Arterio- 1 Yr.			
52 3 2hrsmi	BOLO: OSLO: BILL			
9. Birthplace (Town, county, and state)	cardial damage, Manif: Myo- cardial insufficiency			
10. Usual occupation Chiropodist	Due to			
11. Industry or business				
	Other conditions Uremia, acute			
	Nephrosclerosis (Include pregnancy within 3 months of death)			
14. Malden name Rosie Green				
14. Maiden name Rosie Green 15. Birthplace Maryland	Major findings of operations			
	— Qato of op.			
16. Informant Clinical Records, Vets. Adm.	Antopsy results			
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide			
Cemetery or crematory Detail Bers tang				
Location What It completely Miles	Injured at home, farm, Industry, public place (where?)			
	Meens of Injury Injured at work?			
18. Funeral director.	" A MARIAN At			
Address 43-45 Sollwest Steel	20. SIGNATURE CHW Salle			
	A. M. BALTER, LT. COL., MMO2. or Chin. DIR.  Address Fort Howard, Md. Date signed 10-19-45			
19,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			



hat I lost to the Little

y e

der in the state and a self-the

SECULE ILLUMINO OF A L

Hotelston 11. 49. 44 H

No seable Col. (40 Casaber 12)

- Water States States College College

2411 N. C

11	0	8	1	A	
0	V	0	L	4	

		1111
Charles St.,	Baltimore (107)	098

BALTIMORE County. TOWSON City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3. months. 2 days. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
THE SHEPPARD AND ENOUTH PRATT HOSPITAL  How long in hospital or institution? 3 months, 2 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 2035 E. Preston St. (If rural, give LOCATION)
3. (a) FULL NAME HORMES, EDNA SHEROLDS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH October 8 19 45 31 3:47 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) September 27, 1888  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duranton 3 Duranton 3 Day
9. Birthplace Baltimore Md. (Town, county, and state)  10. Usual occupation Clerk  11. Industry or business Jewelry Store	Due to Gares alized Mick
11. Industry or business  12. Name Edward S. Brittain  13. Birthplace Baltimore  14. Malden name Laura Snyder	Dther conditions / 24 closes Z certified 10 1110  (Include pregnancy within 3 months of death)
14. Malden name Baltimore  15. Birthplace Baltimore	Major findings of operations
18. Informant HOSPITAL RECORDS  Address	Autopsy results.  PHYSICIAN: Pleaso underline the cause to which death should be charged statistically.
17 (Burial, cremation, or removat, Which?)  Cemetery or crematory Additional Control (May) (year)	22. VIOLENCE: If death was due to external causes, fill to the following;  Accident, suicide, or homicide
Location Sulfution	Injured at home, farm, industry, public place (where?)
18. Funeral director Authority Work Time Address 1219 J J Jan 81	Means of Injury  Injured at work?  23. SIGNATURE  Pass U. C. Cheelingur, U

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

Evid	Sect 200	2411 N. Charle	PARTMENT OF HEALTH  St., Baltimore   E OF DEATH  Reg. Dist. No. 38
•	on carefully. The correlearly and legibly,	1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
D D	of information ses of death cle	3. (a) FULL NAME  Clarifiel G. Howar  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Famule White Widowed	3. (b) Social Security Number  MEDICAL CERTIFICATION
ed for binding	oly every item write the caus	8. (b) Name of husband wife. J. David Hauser  7. Birth date of deceased (mo., day, yr.) Sept. 7, 1893  8. AGE: Years Months Days It less than one day	20. DATE DF DEATH
MARGIN RESERVED	ADING INK. Supr Physicians: please	9. Birthplace	Due to Duo to
I	Y, WITH UNF	12. Name Charles L. Glidden  13. Birthplace Vermont  14. Maiden name Lizabeth Workwan  15. Birthplace Virginia  16. Informant Mrs. William S. Van Horn	Other conditions
	WRITE PLAINLY, is especially	Address 1745 Er Hardt Rd., Bulto. 21, Md.  17. Reword Which?)  Cemetery or crematory. MEGASUITE, Pa.  Location [CM] ug t Kelley Funeral Halle.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
VS A15	PLEASE W	18. Funeral director John Burne Sons  Address Journe, Maryland  19. Onto rec'd by registrar)  19. Page Recistrar	23. SIGHATURE TO THE STATE OF THE PLAN SIGNATURE TO STATE OF THE PLAN SIGNATURE OF THE STATE OF

BUREAU V.S.

BETWEEN STREET STREET

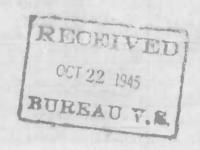
2411 N. Charles St., Baltimore 93

				1	1
A.	Reg.	Dist.	No.	3	0

			CERTIFICAT	TE OF DEATH Reg. Dist. N	0. 30	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore				(For newborn infants give residence of mother)  Naryland County Harford		
City or town			RURAL and give nearest town)	VVAII)	<u> </u>	
How long in above place of	t death?	2 month	s, 19 days	City or town	ive nearest/town)	
Hospital, Institution, or s	lreet address where	death occurre	d:	Street No. 701 N. Stoke Street	V	
			Hospital	(If rural, give LOCATION)		
tiow long in hospital or i	Institution?	z monti	s, 19 days	2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME	Geor	ge Robe	ert Howlett	3. (b) Social Sec	urity Number	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION	V	
Male	White		Married	2D, DATE DF DEATH October 10 19.0	45 0.50 m	
		0-				
			lers Howlett	21. I CERTIFY that death occurred on the date above stated; that I atland		
7. Birlh date of		6.	c) It alive, give age	and that I last saw him alive onOctober 10		
deceased (mo., day, yr.	Apri	1 29, 1	.866	Immediate cause of death.		
8. AGE: Years	Months	Days	It less than one day	Terminal broncho pneumonia		
79	5	11	hrs. Te pri na 1			
9. Birthplace	Mar Car	yland county, and center	state)	Due to Auricullar fibrillation	***************************************	
10. Usual occupation 11. Industry or business		penteri	ng	Due to		
12. Name	Wil	liam Ho	wlett	Other conditions		
12. Name		yland				
			Gilbert	(Include pregnancy within 3 months of death)		
TO		yland	A.A. Alaska McCan. L. Adv.	Major findings of operations.		
15. Birthplace			•			
16. Informant			ecords	Actopsy results	arred statistically.	
Address	Cat	onsvill	e-28, Maryland			
11 Burs	el	Date the	reot 0 13 - 45	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide		
(Burlal, cremation,		000	(month) (day) (year)			
Cemetery or crematory	May	esc / f	ul lesso	Where did injury occur?		
Location	ave	de,	Frail, Ma	Injured al home, tarm, industry, public place (where?)		
18. Funeral director	Jenn	ugt	~ F In	Meens of Injury Injured at work	k?	
Addres How	re de 1	Lin	u Judy	23. SIGNATURE	restuice	
19. (Date rec'd by reg	10 19 45	- A	outy foral Real	Robert E. Gardner, M.D. Catonsville-28, Md. Date s	M. D. or other signed 10/10/45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



( ,

# MARGIN RESERVED FOR BINDING PLAINLY

important.

especially

SE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 9320

#### CERTIFICATE OF DEATH Reg. Dist. No. 30 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Baltimore Maryland Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? ..... 7 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital (If rural, give LOCATION) 7 days How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number James Lewis Ison 5. Color or race | 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION male white married 20, DATE OF DEATH October 16 19.45 al 10:13 am 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(b) Name of husband or wife Laura Woods October 9, 10 45 to October 16 19 45 and that I last saw h im allya nn October 16 19 45 deceased (mo., day, yr.) August 17, 1867 Auricular fibrillation DURATION If less than one day 8. AGE: 4 days 78 30 Chronic myocarditis with 9. Birthplace Franklinville, Baltimore Co., Md. (Town, county, and state) Indef. coronary occlusion laborer 10. Usual occupation..... railroad 11. Industry or business Other conditions Hypertrophy of the prostate 12. Name...... 13. Birthplace 12. Name..... Indef. with secondary cystitis (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Mary Jane ? 14. Maiden name.... Major findings of operations..... Baltimore Co., Md. Autopsy results. As above. Hospital Records 16. Informant..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville-28, Md. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof 10 - 18 - 45 h) (day) (year) Where did injury occur? ......(City or town) (County) Injured at home, farm, Industry, public place (where?) ..... Means of Injury 18. Funeral\_director... 23. SIGNATURE

3. (b) Social Security Number

# The correct age

### 2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

L	E OF DEATH	Reg. Diat. No
	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED: of mother) County Balts & Med
	Street No. 1243 Circle	nits, write RURAL and give nearest town)
ĺ	2 (a) If veteran name war	

1. PLACE OF DEA	ATH:	Bull	- Carre	1/2
County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.K		
	utside city or town li		URAL and give ne	arest town)
How long In above place	o1 death?	mo		***************************************
Hospital, Institution, or	street address where	death occurred	:	
			••••••••	••••••
How long in hospital or			***************************************	***************************************
3. (a) FULL NAME	11	4		1
1	unn	Lev	age 1	acsi
4. Sex	5. Color or race	6.(a)Single	married, widowed, o	r divorced
m	W	w	rclose	1.
6.(b) Name of husband	or wite		*********************	***************************************
7. Birth date of		6.(c	) 11 alive, give age	yea
deceased (mo., day, y	0 1/1	Jane	cary 2, 17	175
8. AGE: Years	Months	Days	tf les than one o	lay
68	1	14	hrs.	mln
9. Birthplace	Ballo	county, and s	****	
10. Usual occupation	Road		۵.	
THE STREET STREET			••••••	******************
11. Industry or business  ≪ i	2 0			
12. Name	The Comment	The state of	as.	*****************
and and	Herm	assi	7	
14. Malden nahut	water C	ma	Lelisea	
15. Birthplace	- The			
N	1	1 3	2.11	= 7
16. Interment	S. Charles		vz 1-	0
Address 2 3	7 1000	1	totte	1124
(Burial, eremation.	or removed Which?)	Date there	ot 10/12/	day) (year)
Cemetery or cremator	16/	an	Co.	********************
Location A	uid 24	ill 1	Bank	
	21	17		
18. Funeral director	sauane	( Des	action .	
Address 13	59 w	esh	Merc	K

MEDICAL CERTIFICATION	
20. DATE OF DEATH October 15, 1845	11210 A
21. I CERTIFY that death occurred on the date above stated: that I attended decea for the state of the state	15 19 40
Immediate cause of death  Williams eleven a Cardio Proceeding Uis	DURATION
Cardial electropensations	
Due to	***************************************
Other conditions	***************************************
(include pregnancy within 8 months of deeth)	
Major findings of operations	•••••••
Enteror territorell feebles	

PHYS. CIAN: Rease underline the cause to which death should be charged statistically.

22. VIOLENCE: 11 death was due to external causes, till in the following:

WITH UNFADING INK. Supply every item of information carefully. The comportant. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNI

MARGIN RESERVED FOR BINDING

0	 
5	 
*	

Injured at home, farm, Industry, public place (where?) ....

(County)

Injured at work?

(State)

(Date rec'd by registrar)

Means of Injury

Accident, aulcide, or homicid Where did injury occur? ...

(City or town)

#### 2411 N. Charles St., Baltimore 93-2

#### CERTIFICATE OF DEATH

..... Date signed ....

02411410	Reg. Dist. No.
1. PLACE OF DEATH:  County  City or town  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nauborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
1. Ser S. Color or race S.(a) Single, married, (vidowed, or divorced married, widowed, or divorced married, and services married, an	MEDICAL CERTIFICATION  20. DATE OF DEATH. OCTOBER 24 19445 of 10 2
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from  19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
8. AGE: Years Mooths Days It less than one day	Immediate cause of death DURATION  Caugestive Learn failure S Mo.
9. Birthplace (Town, county, and state)	Due to dicterracteration 2 yrs
11. Industry or business	Due to
13. Birthplace Hagnet & Nes.	(Include pregnancy within 3 months of death)
14. Maiden name United States 15. Birthplaco	Major findings of operations
18. Informant Mrs Wa 7. Sams	Antopsy results
17. Burial, cremation, or removal. Wirch?) Date thereot. (month) (day) (year)	
Cometery or crematory.	Where did injury occur?
18. Funeral director Clauser E. allun	Means of Injury Injured at work?
Address Town The Claud Carthy	23- SIGNATURE ON S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

(Date rec'd by registrar)

RECENTIVED

Registrat

2411 N. Charles St., Baltimore 220

M. D. or other

-	m	0
1	5.0	1
-		

The correct age

ADVICTOR. Supply every item of information carefully. The compassions: please write the causes of death clearly and legibly. WITH LINFA

RESERVED FOR BINDING

ARGIN

PLEASE WRITE PLAINLY, is especially

CERT	CITT	C .	777	OF	DE	TENT.
CER		LA	I E	OF	IJP.A	

2. USUAL RESIDENCE (HOI	ME) OF DECEASED.	
	idence of mother)	
State Md.	County	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City or town(If outside city or to	own limits, write RURAL and give n	earest town)
Street No. 1200 C	hesopeakelle	<b>-</b> C
(If re	arni, give LOCATION)	. /
2.(a) If veteran, name war	770	V
1	3. (b) Social Securit	y Number
Jeler	How	
MEDIC	AL CERTIFICATION	
In part of prays dector	Few 6 19 40	12:45-1
21. I CERTIFY that death occurred on th	e date above stated; that I attended de	ceased from
	19.4.4 , 10 Oct 1	
and that I last saw bellalive on .	Oct · 4	19 45
Immediate cause of death		
	neumonia	
	Z.V. Z. B.V.V.Y	
		*****
Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
9 + 9 + 9 + 9 + 9 + 9 + 9 + 9 + 9 + 9 +	000000000000000000000000000000000000000	****
Due to		
	- 0	
Diher conditions Cerebra	1 / 200	1 410.01
Dther conditions		1 year
	within 8 months of death)	
Major findings of nperations	•••••••••••••••••	
	Date of op	000000000000000000000000000000000000000
Autopsy results		.086.000.0000.000.008.000.000.000.000.00
PHYSICIAN: Please underline the ca	use to which death should be charge	d statistically.
22. VIOLENCE: If death was due to ex	xternal causes, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City		(State)
	place (where?)	

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in hospital or institution?. 3. (a) FULL NAME 5. Color or race 4. Sex 6.(c) If allve, give age ..... 7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Years Days 9. Birthplace...... (Town, eganty, and state) 1D. Usual occupation ..... 11. Industry or business 12. Name .... 13. Birthplace 14. Maiden na 15. Birthplace 16. informant. are Address (month) (day) (year) Date thereof (Burial, cremation, or removal. Which?) Cemetery or crematory 23. SIGNATURE. (Date rec'd by registrar)

2411 N. Charles St., Baltimore 20-

14	
· jone	
6.8	
1 3 10	
1 60	1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

09821 P
Reg. Dist. No. 30

1. PLACE OF DEATH:  County Baltimore  Catonsville	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 7 years, 9 mos., 18 days	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1415 North Bond Street
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME (James Johnson) (Charles Jam	es Johnston)  3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	20. DATE DF DEATHOctober 29
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	January 11 19.38 10 October 29 19.45
	and that I last saw h im alive on October 29 19.45.
7. Birth date of deceased (mo., day, yr.) #### April .1902	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
M M M M M M M M M M M M M M M M M M M	Terminal pneumonia 72 hrs.
43 ### # 6 # 9###########.min.	General paresis Indef.
9. Birthplace	Oue to
10. Usual occupation. Circular distributor	***************************************
	Due 10
11. Industry or business Advertising	
H 12. Name James? Johnson	Other conditions
3. Birthplace Baltimore Md.	
	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace Baltimore Md.	Date of op.
18. Informant Hospital records	Autopsy results. None done
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Catonsville-28, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, cremation, or removal. Which?)  Oate thereof II/I/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. New Cathedral	
Cemetery or crematory	Where did injury occur?
Edmondson Avenue	Injured at home, farm, industry, public place (where?)
18. Funeral directorGeorge J. Ruth, Inc.	Means of Injury Injured at work?
Address I735 Harford Avenue	To Tolland to
	23. SIGNATURE RODORE B. Gardner, M.D. M.D. or other
19. Oct. 30 19. (Date rec'd by registrar)  19. (Date rec'd by registrar)	Address Catonsville-28, Md. Date signed 10/29/45

VS A15

PLEASE

2411 N. Charles St., Baltimore 1340

09822		1	1	9	8	2	2	
-------	--	---	---	---	---	---	---	--

## **CERTIF**

ICAT	E OF DEATH	Reg. Diat. No. 30
	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED: f mother)
wn)	State Maryland C	ounty
	Street No. 25 North Sma	

LL NAME

1. PLACE OF DEATH:

How long in above place of death?......

How long in hospital or institution?.

Hospital, Institution, or street address where death occurred:

#### Thomas Kelly

Baltimore City or town. Catonsville
(If outside city or town limits, write RURAL and give nearest to

3. (b) Social Security Number

MEDICAL CERTIFICATION

	1	nomas.	KETTA			
4. Sex	5. Color or race	6.(a)Single, ma	rried, widowed, or divorced			
Male	White	Wide	owed			
6.(b) Name of husband or wife. Annie Manion (deceased)						
7. Birth date of deceased (mo., day, yr.)  November 1859						
8. AGE: Years	Months	Days	If less than one day			
85	11?	***	hrs. min.			
9, Birihpiace	(Town, co	d ounty, and state	•)			
10. Usual occupation	NT O	~ ~				
11. Industry or business						
12. Name	John Kel Ireland	L.V.				
14. Maiden name	Mary Ireland					
16. informani	lospital	Record	9 -			
Address	Catonsvil	le, 28	, Md.			
17. Burial, cremation,	or removal. Which?	Date thereot.	(month) (day) (year)			
Location 43	o Old	Freder	rech Koah			
18. Funeral director	03 Stol	leus	Thees			
19. Octabe	29 19 45	a	W 7 ledank Registrar			

20. DATE DF DEATH October 7	1945 19	at_l_1:25/
21. I CERTIFY that death occurred on the date above sta October 3 19 45	to Octobe	ceased from
and that I last saw h im alive on Octob	er 7	19.4
Immediate cause of death Acute exachronic myocardial i	accerbat: nsuffici	DURATION
ency		2 hour
Due to Arteriosclerotic Disease		Indef.
Due to		
Other conditions. Primary anemi	<u>a</u>	
(include pregnancy within 3 month	s of death)	
Major fiadings of operations.		
Autopsy results	eath should be charge	ed statistically.
22. VIOLENCE: If death was due to external causes, 1		
Accident, suicide, or homicide		
Where did Injury occur?(City or town)		
Injured at home, farm, Industry, public place (where?) Meens of Injury	Injured at work?	a po o po o a o po o a a po o a a o a a o a a o a a o a o
migene of might		

. Må . Date signed 10/

WRITE PLAINLY, WITH CO PLEASE

ADING FAK. Supply every item of information carefully Physicians: please write the causes of death clearly and

A15

The

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-0

	CERTIFICAT	E OF DEATH	Reg. Dist. No.	28
1. PLACE OF DEATH:BALTIMORE		2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of	ECEASED:	
City or town TOUSON (If outside city or town limits, write RURA Street address, hospital, or institution:	AL NEAR and give town)	State District of Columbia Columbia City or town	unty W;	ard No.
Stay in hospital or inst. (yrs., or mos., or days)	th. 6 days		ad. N. W.	
3. (a) FULL NAME  KING, CORA ADELE			3. (b) Social Security	Number
	narried, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female White Single	e	20. GATE OF DEATH October 31		a6:35M
6 (b) Name of husband or wife6(c) If allve, g 7. Birth date of		21. I CERTIFY that death occurred on the date above the companies of the death occurred on the date above the companies of the death occurred on the date above the date abov	5	1945,
deceased (mo., day, yr.) October 12, 1872  8. AGE: Years   Months   Days   19	If less than one day	Immediate cause of death Carum on a	Mr Rectum	OURATION
9. Birthplace Baltimore City, Md. (Town, county, and state 10. Usual occupation None 11. Industry or business		Due to		luka
12. Name John T, King  13. Birthplace Maryland		Other conditions Jasauard	Pychosis	304r+
14. Maiden name Cora Fullings 15. Birthplace New Jersey		(Include pregnancy within 3 Major findings:		PHYSICIAN Please underlie
16. Informant HOSPITAL RECORD	\$	Of autopsy Confine	alvoi	the cause to who death should be charged statistically.
Address  17. Durish (Burtal, cremation, or remogn, Which)  Cemetery or crematory Address Parellevich  Location 3801 Tressevech	Sov 7 - 1845 Month May (year) A Cecury	22. VIOLENCE: If death was due to external ca  Accident, suicide, or homicide	Cate of	(State)
18. Funeral director John O. Will	rehell Low	Injured at home, farm, Industry, public place Means of Injury	(where?) Injured at work?	
Address 1900 Entaur B	Che -	22 SIGNATURE / CORR W.C.C	Claffman	U.D.
19. (Date rec'd by registrar)	Registrar	ROSS McC. CHAPA	MAN, M/D. M.D.	or other

VS A15

MARVI	AND	STATE	DEPARTMENT	OF	HEALTI
MARIL	AILLE	DIALL	DELANIMENT	U	

2411 N. Charles St., Baltimore

14		-	-	1	
	71				

09824

#### CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DI	EATH:		(For newborn infants give residence of mother)	
County.	ings Mill	9	State Md. County Balto.	>======================================
City or town(If	outside city or town li	Mits, write RURAL and give nearest town)	Cily or town Owings Mills (If outside city or town limits, write RURAL and give nea	
How long in above place	or street address where	yrs	(If outside city or town limits, write RURAL and give nea	
Hospital, Institution, C		nestu occuisat:	Street No. King Siey Road (If rural, give LOCATION)	***************************************
Now long to boosital			2.(a) If veteran, name war	
3. (a) FULL NAM			3. (b) Social Security	
3. (a) PULL HAI		liam E.King		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	20. DATE OF DEATH OCTALEN 31 18 45	, al 3:30 Q.M
		a V. King  B.(c) If ellive, give age years  3,1882	21. I CERTIFY that death occurred on the date above stated; that I attended doce	19.45.
8. AGE: Yea 62		Days   If less than one day   28  hrsmin.	Immediate cause of death	
8. Birthplace	Carroll C (Town Retired	o. connty, and state) grocery clerk	Due to	000000000000000000000000000000000000000
11. Industry or busing		King	Other conditions	
	Carroll		(Include pregnancy within 3 months of death)	
		Spurrier		
14. Malden nam	Carroll		Major findings of operations	
18. Interment		V.King	Autopsy results	
Hadicas			22. VIOLENCE: If death was due to external causes, fill in the following:	
Buria Buria	on or removal. Which?	Date thereot NOV 2, 1945 (month) (day) (year)	Accident, suicide, or homicide	JB 600 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Cemetery or crematory All Saints			Where did injury occur?	(State)
		wn, Md.	Injured at home, farm, industry, public place (where?)	
		e & Sons	Means of Injury Injured at work?	
	isterstow		23. SIGNATURE D. D. Capler, 215 D.	4 5
19. May - (Date rec'd by	2 19 4 5 registrar)	MARY B. ELINE. Registrar	23. SIGNATURE D. D. Gapler, M. D.  Address Rustustaurs fal Date signed	10-31-45-



NAME OF THE PERSON OF THE PERS

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
County Bal						Htv	
City or town	tonsville	limita muita D	URAL and give nearest town)	State Maryland County Baltimore City  City or town Baltimore (if outside city or town limits, write RURAL and give nearest towu)  Street No. 2904 Parkwood ave.			
(11 0	atside city or town	10. 5 d	Bys.				
How long in above piace Hospital, institution, or	of death?	death occurred	:				
			ital	Street No. G. 704 Lallaway	LOCATION)		
How long in hospital or Institution? 2 ma. 5 days		2.(a) It veteran, name war					
		Z.(b) it retetan, name wat					
3. (a) FULL NAM!	el Klepfia	sh			3. (b) Social Security Not know		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
· M	244	Q1	ngle				
TAT	- 49	DI.	ugzo	2D. DATE DF DEATHOct			
R (b) Name of husband	or wife			21. I CERTIFY that death occurred on the date ab			
				Aug. 8, 1945 19			
7. Birth date of			c) If alive, give ageyears	and that I last saw h.i.malive on .O.C.t	13	1945	
deceased (mo., day, )				Immediate cause of death	***************************************	DURATION	
8. AGE: Years	Months	Days	It less than one day	Chronic Myocardit	is	Indef.	
5	9 3	?	hrsmin.				
9. BirthplacePoland(Town, county, and state)		. Due to		Indef.			
10. Usual occupation	Ta	llor	***************************************	Due to.			
						1	
11. Industry or busines				Dither conditions Hemiplegia			
본 12. NameMQ	ses Klepi	LSD		Dther conditions			
				(Include pregnancy within 3 months of death)			
14. Malden name.	Freida	3 ?	***************************************	Major findings of operations. No			
6	Poland			Major findings of operations			
16. Intermant	ospital r	ecords		Autopay results	1:1 1 4 1-11 1-1-1-1	-t-ti-ti-N-	
Address						statisticany.	
4	1		6 + 110 19111	22. VIOLENCE: It death was due to external ca	uses, till in the tollowing;		
(Buriai, cremation	or removal. Which	. Date ther	eol ( To ( ) ( ) (year)	Accident, suicide, or homicide	Date of	***************************************	
			Mr. Carmel	Where did injury occur?(City or town)	(0,44)	(Ctato)	
	. / 6						
. Location	erman	Hal	l Rd.	Injured at home, farm, Industry, public place (1			
1B. Funeral director	1		is Que	Means of tnjury	injured at work?	(	
16. Funeral director		- particularity	01	1 Op As	0/4.	10 Th	
Address 44	39C.B	aller		23. SIGNATURE CORECTO	· Andra	an ug.D.	
1	oluc.	- 4/1	.C. (Endue	- Cata		or other	
(Date rec'd by re	ristrar)	Die	Registra	Address.	Date signed	0/14/45	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

OCI 22 1945 BURBAU V.S.

OF DEATH

09826

Reg. Dist. No. 4 4

The correct age

WITH UNFADING INK. Supply every item of information carefully. The cimportant, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, is especially

19. (Date rec'd by registrar)

CERTIFICAL	LE OF DEATH Reg. Di
1. PLACE OF DEATH:  County SPARIOUS POINT  City or town SPARIOUS POINT  City outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State County County City or town City or town limits, write BURAL  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME KOUNOUMARIS	3. (b) Socia /69-0
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Surgle	MEDICAL CERTIFICAT
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that it and that i last saw h
8. AGE: Years Months Bays It less than one day	Due to.
10. Usual occupation  11. Industry or business Classeds Coup.  12. Name  13. Sirthotace	Diher conditions  (Include pregnancy within 3 months of death)
14. Malden name Unknown  15. Birthplace  18. Informant Stephen Solomon	Major findings of operations
Address  17. Burial, cremation, or removal. Which?)  Cemetery or crematory. Such Outhod  Location The Location of the County Cou	22. VIOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide
Address 46 8 6 welen Croe. Ease	23. SIGNATURE DA B Wav

State Maryland County Baltonre	
TY I	
City or town (If outside try or town limits, write BURAL and give nearest town)	
Street No. Stanows Ot . Road	
(If rural, give LOCATION)	
2.(a) If veteran, name war	
3. (b) Social Security Number	
169-01-8256	
MEDICAL CERTIFICATION	
20. DATE OF DEATH	. N
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
19	
and that I last saw halive on	••••
Immediate cause of death	
Coronary Occhusion 5/12	5
Due to	0000
	***
Due to	
Dither conditions	
(Include pregnancy within 5 months of death)	
Major findings of operations.	***
	••••
Antopsy results	
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide	
Where did injury occur?	• • • •
injured at home, farm, industry, public place (where?)	****
Means of injury Injured at work?	
MB Davis mil	
23. SIGNATURE Appr. The Secretary	
Address Dilli Add C. XX Bate signed D. S. Japan	5

OCT 18 1945

2411	N.	Charles	St.,	Baltimore	937
------	----	---------	------	-----------	-----

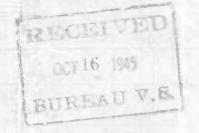
- ()	9	32	7
		2	

1. PLACE OF DEATH:  County
City or town  Cations ville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  Street No  City or town  State  Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No  Street No  City or town  Street No  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  County  City or town limits, write RURAL and give nearest town)  Street No  Street No  Street No  MEDICAL CERTIFICATION
How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  Therefore  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  (If outside city or town lineits, write RURAL and give nearest town)  (If outside city or town lineits, write RURAL and give nearest town)  Street No. 3. (9 9 6 a dale curl  (If rural, give LOCATION)  2. (a) If veteran, name war.  3. (b) Social Security Number
Hospital, institution, or street address where death occurred:  Hood Nursing Home  How long in hospital or institution?  3. (a) FULL NAME  Trace Cer T. / Lowalson  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Street No. 32 / 9 Schadale Care  (If rural, give LOCATION)  2. (b) Social Security Number  MEDICAL CERTIFICATION
Hood Nursing Home /// G/Hear / Street No. 22 (If rural, give LOCATION)  How long in hospital or institution?  3. (a) FULL NAME  Thace On J. / Low algue  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICATION
How long in hospital or institution?  3. (a) FULL NAME  Thace cer T. Howards:  4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION
Jrace Ces V. Cocvalsice  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION
MEDICAL CERTIFICATION
F W Single 20. DATE OF DEATH Cex 18 1845, at 4+
6.(b) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
Clary 1 1975 to Oat 10 19.
7. Birth date of and that I last saw harmalive on the 19.
deceased (mo., day, yr.) Col 1 9 9   Immediate canage of death
Cur Mysear of 43 2 m
25 11 28 hrs. min.
9. Birthplace 1815 Buttars (ann Due to Theolife Pole from, county, and state)
10. Usual occupation Due to Polyposis
11. Industry or business
12. Name La / Lawashi Dither conditions
13. Birtholace Plan ath Pun
(Include pregnancy within 3 months of death)
14. Malden name Hellen Signarshy Major findings of operations Muse types Poly for Date of on There's
16. informant May 3 He Canas In at the Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3 > 17 Echodale cm
22. VIOLENCE: If death was due to exteroal causes, fill in the following;  (Burial, eremation, or removal. Which?)  Date thereof
Cemetery or crematory. Hali Radaus Cemetery or crematory. (City or town) (County) (State)
Location Datamaniles Caused Injured at home, farm, Industry, public place (where?)
18. Funeral director lake 2 - Weller Means of injury Injured at work?
Address 481 S. Chester Street 33 SIGNATURE Lace Portonkee
19. 10 - 19 19 19 19 19 19 19 19 19 19 19 19 19

#### CERTIFICATE OF DEATH

09828 Reg. Dist. No. 37

	2411 N. Charles St., Baltimore
CERT	FIFICATE OF DEATH Reg. Dist. No. 37
1. PLACE OF DEATH: County Saltimose City or town Sisces	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Many Control  County  Ballingie
(If outside city or town limits, write RURAL NEAR and giv Sireet address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give town)  Street No
Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)  7 Years	(If rural give LOCATION)
3. (a) FULL NAME Edgar Sorus	Krafft 3.(b) Social Security Number
4. Sex  S. Color or race  8. (a) Single, married, widowed, or the second	divorced  MEDICAL CERTIFICATION  20, DATE OF DEATH OCY />  1965 2171
8 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I Dended deceased from
7. Birth date of deceased (mo., day, yr.) Mar. 24 1886	and that I last saw h Lua elive on
8. AGE: Years Months Days If less than one da	Immediate cause of death OURA' 34
9. Birthplace (Town, county, and state)	Oue to Myselenson
10. Usual occupation	Oue to Tisherwickers
12. Name Joseph Krafft  13. Birthplace	Other conditions Chronic nephrate
14. Maiden name Rosetta / Fisher  15. Birthplace Unle Ren	(Include pregnancy within 8 months of death)  Major findings:  Of operations  Please u
16. Informant Mrs. Clarys M. al	the cause death should be charged st
Address Jescan med	Of autopsy   cally.  22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Cemetery or crematory  Oplas	Accident, suicide, or homicide
Location Cochappoille, me	(City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Landon Mr. Oddaress Sandon Med	Means of Injury Injured at work?
	DISOT 23. SIGNATURE AND OF OTHER WAY D. or other
(Date for d hy registrar) registrar	Address Ulallister Va Date signed 13



Bureau of Vital Statistics, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

09829

<b>(1)</b>	. 11

The

1. PLACE OF DEATH: (a) County\_\_

(c) Street address, hospital, or institution: Aut. Reasont

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 more

(e) Length of stay in this community (yrs., mos., or days)\_\_\_\_

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State haryland (b) County

(c) City or town\_\_

(d) Street No. 2562 Dunid Park Drive

(e) If foreign born, how long in U.S. A.? \_\_\_\_

3 (a) FULL NAME	Harold		Krakowske	
3 (b) If veteran, name	war	3 (c) 5	Social Security	9

No. 053-18-0557 5. Color or race 6 (a) Single, married, widowed, or

divorced.

6 (b) Name of husband or wife -6. (c) If alive, give age

(month) (day) (year)

7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE: Years Months Days 20 12

Student 10. Usual occupation

(Burial, cremation, br removal)

11. Industry or business

12. Name\_\_\_\_ 13. Birthplace

14. Maiden No. 15. Birthplace 14. Maiden Name.

16 (a) Informant Beature

(b) Address 256 2

17 (a) 12 un

(c) Cemetery on crematory

18 (a) Funeral director \_

Registrar

MEDICAL CERTIFICATION 20. Date of death October 26 1945, at 9 10 M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 19 45 to Oct. 26 19 45 and that I last saw him alive on Oct . 26, 19 45

Immediate cause of death

Other conditions.

(Include pregnancy within 3 months of death) Major findings:

Of operations.

Of autopsy Friliany Intersulosis

(Specify type of place)

PHYSICIAN Underline the

Duration

cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide\_\_\_\_\_

(b) Date of occurrence (c) Where did injury occur?\_\_

(County) (City or town) (d) Did injury occur about home, on farm, industrial place, in public -----While at work?\_\_

(e) Means of injury\_\_\_\_

albert F. Africa



-	
4.7	
/	
dia	
	ø
-	

CERTIFICATE OF DEATH

#### 2411 N. Charles St., Baltimore 930

09830

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State 2nd. County Balto.
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside gity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 30 Township Ad.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME MARIE KRA	TZ (KENNY) 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Ismale Heute married	20. DATE DF DEATH October 7 19 45 21 The M
6.(b) Name of husband or wife Howard H. Krat	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
	18.44 , to TCT 1 19.43
7. Birth date of deceased (mo., day, yr.) July 19th - 1883	and that I last saw h. L. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
62 2 14hrsmin.	
9. Birthplace Baltimore	Due to Arterio 10-410
(Town, county, and state)	
1D. Usual occupation	Due to Cisame nufreassells 5 Mg
12. Name 6 and thought 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Susan Traty  15. Birthplace Baltimore	Major findings of operations
planed of Vint	Date of op.
16. Informant 3.7 To 1.1 Pl 9 1-06	Autopsy results
Address 36 Sownship Pd. Rundalle	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?)  Date thereof (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory Oak Kawn	Where did injury occur?
Location Castern Bonlevard	Injured at home, farm, Industry, public place (where?)
18. Funeral director John G. Connelly	Means of Injury Injured et work?
Address / Cossex md.	Na-1 A. a. Luca A
12/1/1/45 10 00 00.	23. SIGNATURE M. D. or other
19. Lundy Countly	2 Kurshes RO Ellendela 200 10/4/48

\$67 F-100

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97)

#### CERTIFICATE OF DEATH

69831

Reg. Dist. No. 32

1. PLACE OF DI	Balto.	,		ECT M : CI			
How long in above place Hospital, institution, o Robi	ce of deafh?	death occurred					
3. (a) FULL NAM			HERINE A. LAMBERT			3. (b) Social Sec	urity Number none
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION	٧
Female	White		Widow	20. DATE OF BEATH	Oct	. 12,	45 at 6:00 a.M
John C. Lambert  6.(b) Name of husband or wife S.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  May 1859				21 CERTIFY that deat	h occurred on the date at	bove stated: that I attended	d deceased from - / 2 19 4 J - 19 6 J
8. AGE: Year 86		Days	It less than one day	Immediate caused de	o Sell	Non	DURATION
t0. Usual occopation.  t1. industry or busine  t2. Name	Housewi Bames B. Cl Ireland	fe ark	state)	Other conditions		7 ASIALLA 5 months of death)	
E 15. Birthplace	England					Date of op.	
16. Informant M	r. Charles 302 Roslyn		rke	PHYSICIAN: Please u	nderline the cause to	which death should be ch	narged statistically.
(Burial, cremation	rial on, or removal. Which?) tory	uid Ri kesvil	le. Md.	Accident, suicide, or ho	?(City or town)	auses, fill in the following;	(State)
tecation WM. J. TICKNER & SONS t8. Funeral director Balto., Md.				Means of Injury	6.6.1	Injured at work	c ( )
19. / 0 - / (Date rec'd by r	3 - 19.45 registrar)	<u>a</u> S	r. E. E. Nichols	Dal.	sull!	8 md Bate	M. D. or other Signed OCK 13-4

BURRATT Y.F.

•

THE PARTY OF THE PARTY OF THE PARTY.

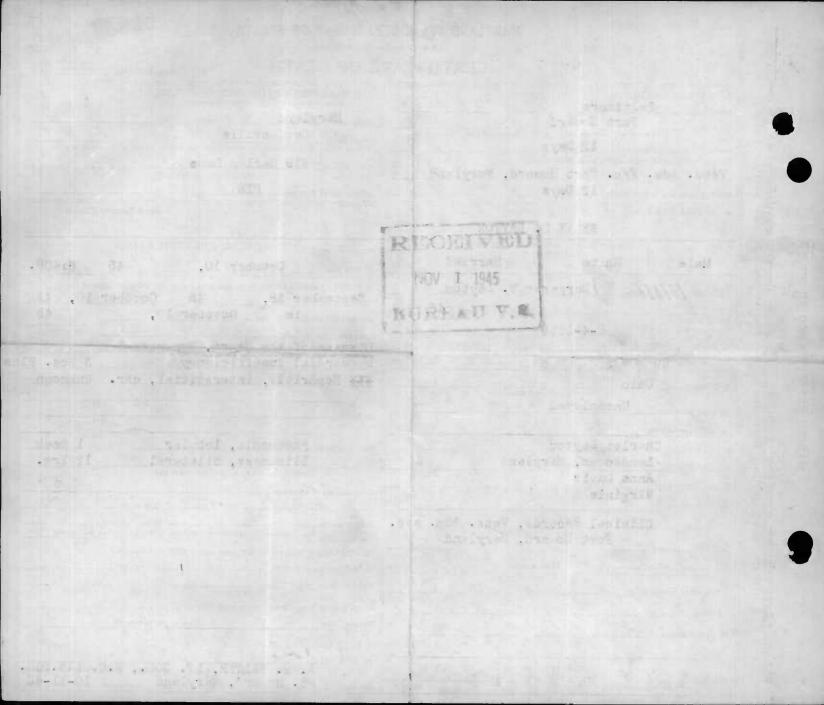
# VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09832 44

				CERTIFICA.	Reg. Dist. No	<u> </u>		
PLACE OF DEATH: Beltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Fort Howard					State Maryland County			
lly or town				RURAL and give nearest town)	Cohomouri 13 a			
low long in above place of death? 12 Days			Days		(If outside city or town limits, write RURAL and give near			
ospital, institution	n, or street	address where	death occurre	rd, Maryland	Street No. 619 Harlem Lane	, 0 . , 0 , 5 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		
				AU, MELYLENU	(If rural, give LOCATION)  2.(a) If veteran, name war.			
		ition?	v.a.ye					
B. (a) FULL NA	AME	FEL:	IX D.	LAYTON	3.(b) Social Security	Number		
. Sex	5. Co	lor or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male		White		Married	2D. DATE OF DEATH October 10. 19.45	at 6:40P.M		
(b) Name of hyspand for wife Margaret V. Layton  6.(c) If alive, give age 48. years				(c) If alive, give age 48 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
deceased (mo., d		8-4-	1886		Immediate cause of death			
B. AGE:	Years	Months	Days	If less than one day	Disease of the Heart, Hypertension	. Donation		
	59	2	6		Myocardial Insufficiency			
O. Usual occupat	Ohio	Town, Jnemploy	county, and	state)	Nephritis, interstitial, chr.	Unknown		
1. Industry or bus	siness				Suc 10	*		
12 Name	Char	les Lay	ton		Other conditions Pneumonia, lobular	1 Week		
13. Birthplace					Blindness, bileteral (Include pregnancy within 3 months of death)	12 Yrs.		
- 4	A	D 1						
14. Malden na	Vir	ginia	****************	***************************************	Major findings of operations			
		-			Date of op			
16. Informant	Cli			Vets Adm. Fac.	Antopsy results	etatiatica Ne		
Address		Fort .	Howard	, Maryland		statistically.		
12 /2	1/21	cal	Date the	reoi/0/15/45	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, eulcide, or homicide			
(Burial, cremation, or removal, Which?) (May) (year)			21.	(month) (day) (year)				
Cemetery or cremators and all others				10 oran	Where did injury occur?(City or town) (County)			
Location	Tun Roman	1 7/2	2/1	Talty Like	Injured at home, farm, Industry, public place (where?)			
18. Funeral directors and a second of the se				Vac Makl	Means of Injury Injured at work?			
Address Can Tonoville Dillo				ele gold	23. SIGNATURE			
19(Date rec'd b	10/13	19 4.5	De	who was	A. M. BALTER, LT. COL., MC. Ft. Howard, Maryland Date signed.	10-11-45		



2411 N. Charles St., Baltimore 940

NG:				
	-	ET 4	-	

CERTIFICATE OF DEATH  Reg. Diat. No. 37				
1. PLACE OF DEATH:  County Clty or town limits, write RURAL and give nearest town)  How long to above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infunts give residence of mother)  State			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME  Maurice E, Leece	3. (b) Social Security Number			
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced market market markets	MEDICAL CERTIFICATION  2D. DATE DF DEATH			
8.(b) Name of husband or wife. See See See See See See See See See S	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19.45, to			
8. AGE: Years Months Days If less than one daymin.	Immediate cause of death  Coron ary Manubrus  Z hos			
9. Birthplace Aurford to had (Town, county, and state)  10. Usual occupation Murchant	Due to			
11. Industry or business Service Station  12. Name Level  13. Birthplace	Dither conditions			
14. Malden name Margaret Cochice.  15. Birthplace Harford to med	(Incinde pregnancy within 3 months or death)  Major findings of operations			
18. informant min Elizabeth Leech	Antopsy results			
Burial, cremation, or removal Which?)  Date thereof. (Month), (day) (dear)	22. VIOLENCE: tf death was due to exteroal causes, fill in the following;  Accident, suicide, or homicide			
Cometery or crematory of the Bullo Ce Vice	Where did injury occur?			
16. Funeral director must Expert?  Address Lenettsville Ind.	Means of Injury Injured at work?  Mrkeys 6. Euroch. 5			
19. Oct.9 18 45 Wilmer C. Ensoragistrar	23. SIGNATURE.  M. D. or other  Address. Coclary sille Md. Date signed 1.0/9/445			

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UI

VS A15



# MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 93:20

100	21
3	50

# CERTIFICATE OF DEATH

Reg.	Dist.	No.

1. PLACE OF DEATH:  County A C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore iefants give residence of mother)  State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from  19.  and that I last saw h
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthpiace Inchange (Town, county, acd state)	Due to.
10. Usual occupation AMM 11. Industry or business  11. Industry or business  12. Name AMM 13. Birthplace	Due to  Dther conditions Asleys true Imor-
14. Maiden name	(Include pregnancy within 3 months of death)  Major fisdings of operations.  Date of op.
16. Informant  Address 7310 Marles  17 Date thereof 10/18/45	Actopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.
17 (Buriai, cremation, or remova). Which?)  Cemetery or crematory  Location  Calculation  Date thereof (month) (day) (year)	Where did injury occur?
18. Funeral director Address 1217 H Coul St Bulk 194	Means of Injury Injured at work?  Injured at work?  M. D. or other
13. (Date fec'd by registrar) Registrar	

Reg. Dist. No.....

# CERTIFICATE OF DEATH

1	2			
2	()	R	2	5
U	V	0	U	1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary 1 a 71 8: County B
	City or town
How long In above place of death? 2 72 5 to 8 445 S. Hospital, Institution, or street address where death occurred:	100.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.
Mosewood State Inaining School.	Street No. 176 W. 13 altimore St.
How long in hospital or institution? 2 200.5 19/445	(If rural, give LOCATION)
3. (a) FULL NAME	3.(b) Social Security Number
Faith Rosalie Potanua Loc 4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	
Lewale White Single.	MEDICAL CERTIFICATION  20. DATE OF DEATH OCTOBER 15 19 45 at 2 3.
	21. I CESTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife.	July 27 1845- 10 Octaber 15 1845
7. Birth dale of	and that I last saw h as allve on OCTobeR. 15 19.45
deceased (mo., day, yr.) FLB ruary 21, 1939.  8. AGE: Years   Months   Days   If less than one day	I sumediate cause of desth
6 7 24hrs. min	Вгопена рпештопии глуб
. Birthplace Baltimare Maryland	7 14
10. Usual occupation Noxe	prosection 3deps.
11. Industry or business Hore.	Due to. Na sa pha Myn qi Tis. 40 46.
12. Name Charles Mills Lackerman	
13. Birthplace Baltimore.	(Include pregnancy within 3 months of deavs) 2 mosts
14. Maiden name Mary Mehuina Hazare.  15. Birthplace Hent Co. Mary land.	Major findings of operations.
	Date of op.
18. Informant 11.4. Se Wood D. Ta Te Training School	Antopsy results
Address Our 195 Mills And 17,1945	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loudow Carle:	Where did injury occur?
Location Ineducing Road Caltimore	Injured at home, farm, industry, public place (where?)
18. Funeral director John F. Dlung, Inc -	Means of Injury Injured at work?
Address 715 Light St.	23 SIGNATURE Deale H. The Clinton M.D.
19 (Posto rec'd by registrar) 19 W Assistant Registrar	Address Poseulos - Owners Mills Date signed Det 15/14

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearing and Ichibi MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B

# CERTIFICATE OF DEATH

(19836 Reg. Dist. No. 32

1. PLACE OF DE		***************************************		Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		on, Maryl		state Maryland County	10000000000000000000000000000000000000
				City or town Baltimore (If outside city or town limits, write RURAL and give n	
How long in above place	of death?	leath occurred: W+	27 days Wilson	(If outside city or town limits, write RURAL and give n	earest town)
Branch	a Tuberc	ulosis Sa	natorium	Street No. 342 Folcroft St., Balto.,	
How long in hospital or	institution?Qy	rs.,2 mos	.,27 days	2.(a) If veteran, name war	
3. (a) FULL NAMI				3. (b) Social Securit	Number
		nna Lomba	rdi	# Unknown	y Mumber
4. Sex	5. Color or race	8.(a) Single, married, wi	dowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Singl	е	20. DATE OF DEATH October 22, 19.45	8:20 P.N
o (b) Name of backard	M			21. I CERTIFY that death occurred on the date above stated; that I attended de-	
				July 25, 1045 to Oct.	
7. Sirth date of			re ageyears	and that I last saw heralive onOctober 22.	194.5
8. AGE: Years		ber 18, 1	921	Immediate cause of death	
18	1	4		Pulmonary Tuberculosis	
9. Birthplace. Be	altimore,	Maryland		Due to Tubercle Bacilli	
	Sales	Clerk			
		· · · · · · · · · · · · · · · · · · ·	***************************************	Due to	****
11. Industry or bosiness		bardi			••••
les l		Dar Q.L	***************************************	Other conditions	***************************************
≦ 13. Birthplace	Italy			(include pregnancy within 3 months of death)	
14. Maiden name 15. Birthplace		atella	••••••	Major findings of operationsNooperation	***************************************
	Italy	1 1.		Date of op	
		mbardi		Autopsy results	
		t St., Bal		22. VIOLENCE: If death was due to external causes, fill to the following;	a statement
Burial (Burial, cremation,	or removal. Which?)	Date thereofOC	t. 26, 1945	Accident, suicide, or homicide	
Cemetery or cremator	, Holy Re	deemer Ce	metery	Where did injury occur?	(State)
Location4430	) Belair	Rd. Balto	. Md.	Injured at home, farm, industry, public place (where?)	
		la Noce		Means of lojury Injured et work?	
		St. Balto		Stor + 1 May 11	in m.A
				23. SIGNATURE Sewart & Maffe	or other
19. Oct. 22. 19.45 Earl 7 Webster (Date ree'd by registrar)  Registrar				Address Mt. Wilson, Md. Date signed	

SECULIE TO THE STATE OF STATE

HEAT OF SECOND STREET,



WRITE

PLEASE

VS A15

correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltmore	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Hince George
How long in above place of death?	(If outside city or town limits, write RURAL and give neargst town)
Hospital, institution, or street address where death occurred:	Street No
Spring grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry E Lusby	
4. Sex 5. Collet or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH October 6 19.45 at 3 A.M
6.(b) Name of husband or wife. Edith Bean	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept. 28 1945, 10 October 6 1945
7. Birth date ot	and that I last saw h. some alive on October 6 19.45
deceased (mo., day, yr.) 104 13 1883	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Edema
62 4 23hrsmin.	Before
9. Birthplace Brandy wine Maryland	Due to Orterio Scheroke Heart Disease Sept 28
(a) wa, county, and state)	1945
10. Usual occupation James	Oue to
11. Industry or business	generalized arterio Scleras
# 12. Hame Richard dusty	Other conditions Paralysis agitans "
13. Birthplace Maruland	0 0
	(Include pregnancy within 3 months of death)
14. Maiden name gerragiona Stansbury  15. Birthplace Maryland	Majer findings of operations.
	Qate of op.
16. Informan Spring grove State Hosp Records	Aatopsy results.
Address Catonsville, Maryland.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durene gate thereof Del 8-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Widel?)	Accident, suicide, or homicide
Cemetery or crematory At Charles & G. Charley	Where did injury occur?
Location Waldorf mel	injured at home, farm, industry, public place (where?)
18. Funeral director Build Hygos	Meens of injury Injured at work?
111-0-1-10-11	( ) TE ( )
Address Waldon Med	23. SIGNATURE Labers 6. Farduerus Q
19. 1016 19 45 H.C. Cendrese	M. D. or other
(Date rec'd by registrar)	Address Spring from State Hospital Date signed Ocho 6, 1945

RECEIVED

CCI 22 1945

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 233

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	=
County Baltimore				State Md. County Ealtimore	
City or lown. Dundalk (If outside city or town limits, write RURAL and give nearest town)				Dundal le	
			Life	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or str				Street No. S Liberty Parkway	
	N/			(If rurei, give LOCATION)	
			7		_
3. (a) FULL NAME		7	0	3. (b) Social Security Number	
4. Sex   5	Color or race	1 € (a)Stagle	parried, widowed, or divorced	none	
				MEDICAL CERTIFICATION	
म	W	Si	ngle	20. DATE DE DEATH	. M
6.(6) Name of husband or 1	vife		***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
			) If alive, give agevears	Jess 1 19.45 to Get 4 19.45	
7. Birth date of deceased (mo., day, yr.)				and that I last saw halive on	-
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death OURATION	
36	3	8		( ) Service of	****
Bal+	imore	'ount v		15 15 15	
8. Birthplace D3 1 1	(Town,	county, and s	Ma <sub>A</sub>	Oue to tapped lance	10 0 00
10. Usoal occupation	At Ho	me	***************************************		1000
11. Industry or business				Due to	
Mame Wil	liam Ro	gers	Lynch	Other conditions	
13. Birthplace M.S.					
		hF	Grace	(Include pregnancy within 3 months of death)	
14. Malden name W 15. Birthplace			County, Md.	Major findings of operations.	***
				Date of op.	• • • •
16. Informant M.T.	<u> </u>	IM G.	Lynch	Autopsy results	
Address 9 I	iberty	Parkw	ay, Dundalk		-
Purial (Burial, cremation, or		Date there	10/6/45	22. V10LENCE: If death was due to external causes, 11ll in the following:	
(Buriul, cremation, or	removal, Which?)	T.aumn	(mouth) (day) (year)	Accident, suicide, or homicide	***
Cemetery or crematory. Oak Lawn Cemetery				Where did Injury occur?	1000
Location Baltimore, Maryland			yland	Injured at home, farm, Industry, public place (where?)	
18. Funeral director.	MBA SVI	DER &	SONS, INC.	Means of Injury Injured at work?	
Address NORTH	AVE? 8	BROA	DWAY	000 000	
10 - 1			/ /	23. SIGNATURE	
19. (Date rec'd by registr	19	6	W Hedrich	Address 1 Filest (Varlance Date signed (0-4-43	-

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

-
921
SHUL



# CERTIFICATE OF DEATH

U	9	8	35
---	---	---	----

Reg. Diat. No.

1. PLACE OF DEATH:  County			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m Slate	write RURAL end give nea Charles Street LOCATION)	rest town)	
					hon	e
4. Sex Female	5. Color or race White	6.(a)Single, married,		MEDICAL CEI	RTIFICATION	al6:27 D M
	d or wite		give ageyears	21. I CERTIFY that death occurred on the date above September 21 1945 end that I last eaw h. C.T. alive on	e stated; thal I altended decea 5 to October	ased from
7. Birth date of deceased (mo., day,	yr.) May 3	0, 1875				
8. AGE: Year		Days If less	s Ihan one dayhrsmin.	Immediate cause of death Terminal bronche	o pnemonia	24 hours
B. Birthplace			Due to. Chronic myocardi iency Due to. Generalized arte		Indef.	
oc !				Other conditions		
14. Malden name Jane Webster  15. Birthplace Kutharvilla Md  18. Informant Hospital records  Address Catonsville—28, Maryland  17. Burial Separation, or removal Whitehi) (mouth) (day) (year)  Cemetery or oremetury Wast Nothingham  Location Cacil Co. Md  18. Funeral director Mailliam Cook June  Address /217 St. Paul St.  19. Oct 3  19. Oct 3  19. Catharvilla Mailliam Registrar			(Include pregnancy within 8 mo	Date of op		
			PHYSICIAN: Please underline the cause to which  22. VIOLENCE: If death was due to external cause	ch death should be charged	statistically.	
			Accident, suicide, or homicide	(County)	(State)	
			23. Signature Robert E. Gardin Catons ville-28,	ner, M.D. M.D.		

OF DEATH

		44
Reg.	Dist.	No

# 2411 N. Charles St., Baltimore 13.4

		CERTIFIC	CATE OF DEATH Reg. D
City or town(116 How long in above plan Hospital, institution, of Vets. Adm.	Fort How outside city or town limit to of death? 1 Days or street address where dea Face Fort E	vard s, write RURAL and give nearest town) th occurred: Howard, Maryland	State Maryland County County
3. (a) FULL NAM	AE .	LBERT J. MASSEY	3. (b) Soci
4. Sex Male	5. Color or race Colored	6.(a)Single, married, widowed, or divorced  Single	MEDICAL CERTIFICA  20. DATE DE DEATH OCTOBER 3.
7. Birth date of deceased (mo., day 8. AGE: Yea	yr.) Janus rs Months 53 8	gle	years and that I last saw h. im allve on October 3, Immediate cause of death.  Tuberculosis, chr. pul. far
10. Usual occupation	Unemp10y	ed	Jue 10
13. Birthplace		assey	(Include programmy within 2 months of death)
Address  17. Bu (Burial, crematic	Fort Ho rial m, or removal. Which?) tory Baltimor Baltimor	ords, Vets. Adm. Farward, Maryland  Date thereof LU-9-44 (month) (day) (year e National Cemetery e, Md.	Autopsy results  PHYSICIAN: Please underline the cause to which death should  22. VIOLENCE: If death was due to external causes, fill in the following and the control of the control o
18. Funeral director. Address	Katie Wi		23. SIGNATURE BALTER, LT COL.

	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE DF DEATH October 3.	19.45	at 11:25 P
21. I CERTIFY that death occurred on the dale above October 2. 194 and that I last saw h. imallye onOct	5 de October	3, 19.45
Immediate cause of death		DURATION
Tuberculosis, chr. pu	l. far adv.	
active III	-	12 Month
Due to		
		** ************************************
Due to		***************************************
Other conditions		
Major findings of operations.		
Autopsy results	***************************************	
22. VIOLENCE: If death was due to external caus	es, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh	ere?)	
Means of Injury	Injured at work?	1111
23. SIGNATURE PMC	salte	1911
Fort Howard, Md	COL., M. Gi. D.	10-4-45

(If outside city or town limits, write RURAL and give nearest town)

PLEASE WRITE PLAINLY, WITH UNIS especially important.

age

ly every item of information carefully. write the causes of death clearly and

he correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

11	0	O	A	4
U	U	0	4	1

			The state of the s	
CERTIFIC	CATE	OF	DEATH	

Reg. Diat. No.

City or townFo (1) How long in above pla Nospital, institution, Veterans	Itimore  rt Howard routside eity or town i ce of death? 4. ms or street address where Administra- or institution? 4. ms	imits, write in 20	RURAL and give nearest town)  5. days d: Fort Howard, Md.  3. days	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	n, write RURAL and give no	parest town)
	HOBERT L. 1	MCMAHAI	1		b. (b) Doctor becarity	Train oct
4. Sex Male	5. Color or race White	6.(a)Sing	ie, married, widowed, or divorced  Married	MEDICAL CI	ERTIFICATION 19.45	, at 10:30em
7 Right date of		6.	(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date about 21 and that I last saw h. i. malive on Oct. C	45 to October	17 145
8. AGE: Yea 48	ers Months	Days 26	If less than one dayhrsmin.	Multiple myeloma		10 mos.
18. Usual occupation	Farmer or	carpe	state)	Due to		
13. Birthplace  H 14. Maiden nam  15. Birthplace	North Caro , Amley Hal North Car	lina ll rolina		Anemia a secon	ndary months of death)	
		44.00	eterans Adminis-	Antepsy results	hich death sheuld he charge	
Cemetery or crema	atory		reol 0 8 22 1945 (month) (day) (year)	Accident, suicide, or homicide  Where did Injury occur?	(County)	(State)
18. Funeral director Address 4  19. (Date rec'd by	/	1 ^	Lov LW./tedrul Registrar	23. SIGNATURE BALTER, LT. Address VAF. Fort Howard,		

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

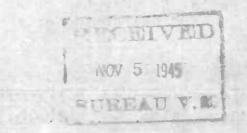
2411 N. Charles St., Baltimore 93-1)

# CERTIFICATE OF DEATH

09842

Reg. Dist. No. 38

County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town Rockland Brookland ville P  (If outside city or town limits, write RUKAL and give nearest town)	Sale Manyland County Baltimore
How long in above place of death?	City or town Rockland, Brooklandville P.O. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Falls Road	Street No. Folls Road (If rural, give LOCATION)
How long in hospital or institution?	える。 2.(a) If veteran, name war
3.(a) FULL NAME	
JOHN EDWARD MERRYMAN	3. (b) Social Security Number
	218-07-7124
4, Sex 5. Culor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH. October 19, 19.45 , at 7:00 A
Mary Elizabeth Merryman	21, I CERTIFY that death occurred on the date above stated; that fattended deceased from
0.(0) name of nusband of wife	May 145 10 Oct 18 1845
7. Birth date of	and that I lastsaw when alive on Ill-
deceased (mo., day, yr.) Angres 7 7863	10 //
8. AGE: Years Months Days If less than one day	Improduct cause of death DURATION
82 2 18hrsmln.	My cardell the wifeling
	A Delle A
s. Birthplace Butler, Balto, Co., Md. (Town, county, and state)	Due Io.
10. Usual occupation	0
11. Industry or business Retired	Due to
Il 12. Name Jarrett Merryman	Dither conditions
13. Birlholace Maryland	
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations
\$ 15. Birthplace Quitter - Jallo Co, ma.	
14. Malden name cuk- 15. Birthplace Subso- Sobbo Co. ma-  18. Informani Mrs. Edna. Wheatley	Autopsy results
Address Rockland Brooklandville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
- Bunial Oct. 21.194	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial  (Burial, cremation, or removal. Which?)  Prospect Hill Cemetery  Cemetery or crematory	Accident, suicide, or homicide
Cemetery or crematory Prospect Hill Cemetery	Where did injury occur? (City or town) (County) (State)
Location Towson Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director D. M. C. W. C. W. C. W.	Means of Injury Injured at work?
111111	3 1 1 1/1/1 0 1
Address Towson Mary and Land	23. SIGNATURE CONCRETE ME (GELPS SICE)
19 Cer 21 19th Jag Capratt They com	M. D. or other
(Date rec'd by registrar)	Address Do f / Usell Co Dato sigled Ct : 19'45



# MARYLAND STATE DEPARTMENT OF HEALTH

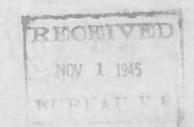
2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

09843 Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Cotongrillo	State Maryland County St. Mary's
City or town	Leonard town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 1 year, 8 months, 27 days	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Lilly Mitchel	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white single	20. DATE OF DEATH. Uctober 29, 18.45 at 2:00a m
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 2 19. 44, to October 29 19. 45
7. Sirth dale of	and that I last saw h. er alive on October 29, 19.45
deceased (mo., day, yr.) August 2, 1898	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	
47 2 27hrsmin.	Coronary Occusion
Ocomowoc, Wisconsin	Due to.
9. Birthplace	500 (
10. Usual occupation housekeeper	Due to.
11. Industry or business home	Judden Chath
E 12 Name Bertram Mitchell	Other conditions
E 12 Name Bertram Mitchell 13. Birthplace New York	Lucau and
	(Include pregnancy within 8 months of death)
14. Malden name Nattie Buck 15. Sirthplace Wisconsin	Major findings of operations.
15. Sirthplace Wisconsin	Dale of op.
16. Informant Hospital Records	Antopsy results (18) abuse
Address Catonsville 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
nuscus	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
XX (Va)	Where did injury occur?
Cemetery or crematory	
Location Leonardown ma	Injured at home, farm, Industry, public place (where?)
16. Funeral director. It. C. Mattingley Sons	Means of Injury Injured at work?
Address Leonardtown, md.	23. SIGNATURE Ser & Miliefle Edy &
10/30 Us Danielin	M. D. or other
(Date fee'd by registrar) Registrar	Address O O Recall Will Date signed O - 27 - Yel



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should earefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30.01

# CERTIFICATE OF DEATH

08844

			CERTIFICAT	Reg. Dist. No	
Street address, hospit 442 Cr Stay in hospital or ins	Ltimore  Baltimore —  Baltimore	ets, write RU	RAL NEAR and give town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
3. (a) FULL NAM		y Moor	е	3. (b) Social Security	Number
4. Sex male	5. Color or race colored	100	married, widowed, or divorced single	MEDICAL CERTIFICATION  20. DATE OF OEATH OF 19 4	5 at 2 A-M
	d or wife		e, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
7. Birth date of deceased (mo., day	(yr.) May 21,	1887		and that I last saw h asia-alive on	19.22
8. AGE: Yea 58 yrs.	ars   Months	Oays	If less than one day	Immediate cause of death Supplyfue Curdinosalou Decese	0URATION 12-24-37
10. Usual occupation 11. Industry or busine	Servant ess unkno	county, and s	tate)	Due to	10.14.4
14. Maiden name	e	ft 11		(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
nformant wir	rs. Mary Po	spisil		Of operations  Of autopsy  None	Please underline the cause to which death should be charged statisti- cally.
17Buriel (Burial, cremation Cemetery or cremation Anna Location  18. Funeral director	Charles E.	burn & Holi Schin	lins Ferry Road munek	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Where did injury occur?  (City or town)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  East Civit	(State)

VS A15

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1920)

09845

# CERTIFICATE OF DEATH

			2006 2 100 1 70 11111 1 1 1 1 1 1 1 1 1 1 1 1
1. PLACE OF DE	ATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County			State Md • County
City or town	nutside city or town l	imits, write RURAL and give nearest town)	
How long to ohous alone	od dooth?	10 days	City or town 2814 Grantley Road (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred:	
			Street NoBeltimore
· ·		days	2.(a) If veteran, name war.
3. (a) FULL NAM			3. (b) Social Security Number
			213-07-0488 A
	nony Morden	N	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Single	20. DATE DF DEATH Oct. 23, 19. 45 , at 6A.2
6 (1) No 4 b b 4	an outer Married		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			Oct. 13,1945 19 10 Oct. 23, 1945
7. Dirth date of	•••••	6.(c) If allve, give ageyears	and that I last saw himalive onQot22
deceased (mo., day, )	yr.) May 14,	1877	AND THAT I HAS SAW IL-LESS MANY CONTROL OF THE PARTIES OF THE PART
8. AGE: Years	Months	Days   If less than one day	Immediate gause of death Resp Facture DURATION
		hrs. min.	
68	5	9min.	
9. Birthplace	Jaryland	county, and state)	Due to Mencia
10. Usual occupation	BIACKSMI	th	Due to Arlegoochliste C-V Des.
11. Industry or busines	. Bethleher	n Steel Co.	
E 12 Name Jaco	ob W. Mor	dew	Dither conditions
12. Name J.S.C.C.			
			(Include pregnancy within 8 months of death)
14. Maiden name.	Rebecca A	. Hartranft.	Major findings of operations
15. Birthplace I	Penna.		Date of op.
		4 43 2	
	*	ton Alder	Autopsy results
Address 410	Northbend	Road, Baltimore, 29, Md.	
Buri Buri	al . or removal. Which?	Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation	, or removal. Which?	(month) (day) (year)	Accident, suicide, or homicide
		ree Cem.	Where did injury occur?
		Harford Co., Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	WM. J. TI	CKNER & SONS	Meane of injury injured at work?
Address	Balto., N		Jas. C. ( John M.).
10/0	11 111	- A.W. Hadrick	23. SIGNATURE. M. D. or other,
19. (Date recold by re	19 76 Zistrar)	Registrar	Address Lettery Sentarur Date signed 10/23/4

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

P 09846

# CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: Baltimo	22.0		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	T BC	
County	Catonau	411-	***************************************	State Maryland County		
Cily or town(If or	utside city or town l	imits, write R	URAL and give nearest town)	D-744		
How long in above place	of death?	1 month	1, 5 days		earest town)	
Hospital, Institution, or Spring	street address where	death occurred	spital	Sireet No. 509 Radnor Avenue		
How long in hospital or				(If rural, give LOCATION)		
3. (a) FULL NAME				3. (b) Social Security	Number	
	Sar	ah Mor	gan	inl	-	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White		Single	20. DATE OF DEATH	9:254	
. 4)	11-	4		21. I CERTIFY that death occurred on the date above stated; that I attended dec		
				September 7 19 45 10 October		
T. Birih dato of			e) If alive, give ageyears	and that I last saw h.er. alive on October 12		
deceased (mo., day, yr		ary 23		Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Chronic myocarditis	Indef.	
75	8	20	hrsmin.	-	***	
9. Birthplace	Baltimo (Town,	re, Ma	ryl and	Oue to Generalized arteriosclerosi	s "	
10. Usual occupation	Office	work	***************************************		*** ***********************************	
11. Industry or business	Office			Due fo	***	
置 12. Name	Joseph	A. Mor	gan	Diher conditions		
13. Birthplace	Hanover					
-1	Togenhi			(Include pregnancy within 3 months of death)	•••	
14. Maiden name	Baltimo		••••••••••••	Major findings of operations		
≥ 15. Birthplace	Hospita					
1B. Informant	D.T.00					
Address	Catonsv	ille-2	8, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
& Anni	2	Date then	10/15/45	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation,	or removal. Which?	Date their	(month) (day) (year)	Accident, suicide, or homicide		
Cemelery or cremator	London	J. W	M	Where did injury occur?	(State)	
Location	Sa	Chr	roll sille	Injured at home, farm, industry, public place (where?)		
	W.O.	m 4	The state of the s	Meens of Injury Injured at work?	164	
1B. Funeral director,	1211	10	Foul F	( Po 464)	-D	
Address	10170	1	11/11/	23. SIGNATURE DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA D	14.0	
19. att	13.19 43	- 4	. W Fledre	Catonsville-28. Md.	10/12/45	
(Date rec'd by reg	ristrar)		Registrar	Address	***************************************	

1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or Institution?....

3. (a) FULL NAME

Female

deceased (mo., day, yr.) Years

1D. Usual occupation. 11. Industry or business

13. Birthplace

(Burial, cremation, or

(Date rec'd by registrar)

14. Malden na 14. Malden name.

16. Informant

75

7. Birth date of

8. AGE:

4. Sex

Hospital, Institution, or street address where death occurred:

March

1200

Days

roner

tim Ne, touse wife If less than one day

Son

23. SIGNATURE.....

Registrar

Months

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

100	5 -	
10	200	
107	ラマエン	
100	1	

# 0984P

M. D. or other

# CERTIFICAT

E OF DEATH	Reg. Dist. No.
Baltim NA	20 (Rural)
	write RURAL and give nearest town)
(If rurn), give I	***************************************
2.(a) If veteran, name war	***************************************
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
2D. DATE DE DEATH OC Tober	23 19 43 8 P
21. I CERTIFY that death occurred on the date abov	
and that I last saw h.C.Yallve on	04 33 1945
Immediate cause of death	edema 2hors
Due to It pertensive + A	lan disease
Due to	
Dther conditions	
	***************************************
(Include pregnancy within 3 me	
(Include pregnancy within 3 m	onths of death)
	onths of death)
Major findings of operations	onths of death)  Date of op.
Major findings of operations	on the of death)  Date of op.  ch death should be charged statistically.
Antopsy results  PHYSICIAN: Please underline the cause to which the cause to which the cause to which the cause to external cause.	on the of death)  Date of op.  ch death should be charged statistically.
Major findings of operations  Antopsy recults  PHYSICIAN: Please underline the cause to wbi  22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ch death should be charged statistically.  Bate of op.  Ch death should be charged statistically.  Date of
Major findings of operations	ch death should be charged statistically.  es, fill in the following:  Date of  (County) (State)

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly management. MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

# CERTIFICATE OF DEATH

			33
Reg.	Diat.	No.	2

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County CARROLL	
How long In above place of death?	Street No.	
How long in hospital or institution?	(If rural, give LOCATION)	
3. (a) FULL NAME  BLANCHE A. NE	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  FEMALE WHITE WIDOW	MEDICAL CERTIFICATION  20. DATE OF DEATH. OCTOBER 11 19 AV., 81 10 PR. M	
6,(b) Name of husband or wife ROBERT L. NELSON  5.(c) If alive, give age year  7. Birth date of deceased (mo., day, yr.)  7. Birth Queens (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Years Mooths Days If less than one day  64 8 //	1 July 1 you	
3. Birthplace CARROLL COUNTY, MD  (Town, connty, and state)  10. Usual occupation NONE	Due ia Side Care Care	
11. Industry or business	Due to. Charten Charles	
12. Name PRICHARD OWINGS  13. Birthplace MD.	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name FRANCES E. SHIPLEY  15. Birthplace MD.	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Informant MRS. C. C. EYLER Address REISTERSTOWN, IMD.	Autopsy results	
17. Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide	
Cemetery or crematory. STONE CHAPEL	Where did injury occur?	
Location WARELELDSBUKG, MD.  19. Funeral director J. FRANCIS REESE	taland at Saul C	
Address WESTMINSTER, MD.	- 22 SIGNATURE TIME V. Saffell 10-12:45	
19. Oct. 12 19.45 SARY B. Eline	and resteratory med Date signed 10/12/4/5	

BING NATIONS

2411 N. Charles St., Baltimore 1256

# CERTIFICATE OF DEATH

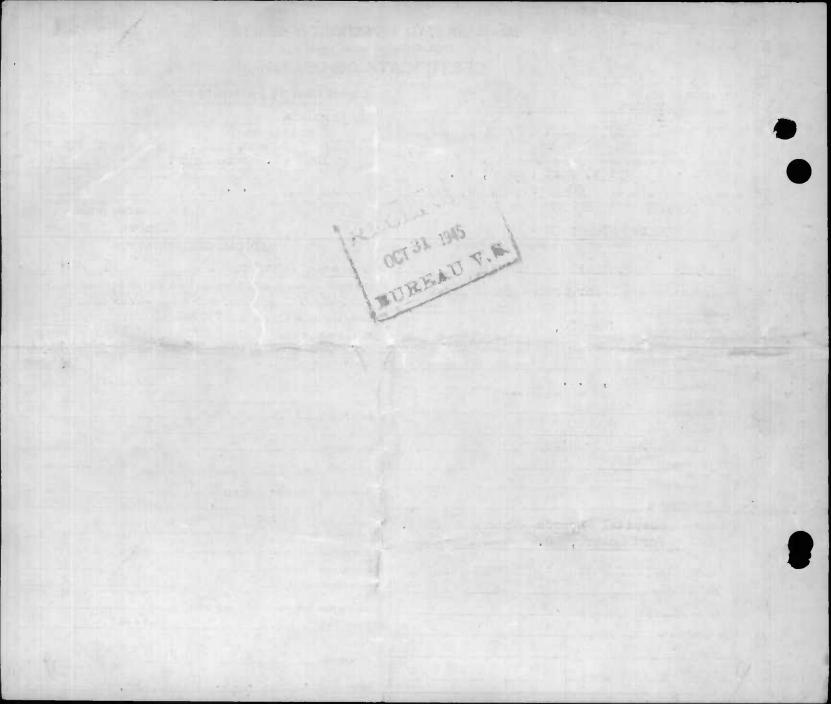
Reg. Dist. No.

	Avg. Disc. 170
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	Manual and
City or town Fort Howard  (If outside city or town limits, write RUKAL and give nearest town)	Reltimore
How long in above place of death? 30 Hours	City or town
Hospital, institution, or street address where death occurred:	Street No. 1507 Mt. Moore Court
Veterans Hospital Fort Howard, Md.	(If rural, give LOCATION)
How long in hospital or institution? 30 Hours	2.(a) If veteran, name war. W.W. 2
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM NICHOLSON	Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE COLORED MARRIED	2D. DATE DF DEATH. October 26 19 45 ,214:42 p.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age years	10/25/ 19 45 10/26 19 45
7. Birth date of	and that I last saw im alive on October 26
	Immediate cause of death
0. AGE.	TOXIC HEPATITIS 4 Days
	ACIDOSIS Unknown
g. Birthplace Ellerbe, N.C. (Town, county, and state)	Due to.
1D. Usual occupation Mechanic	
	Due to
11. Industry or business Unknown	
12. Name. Thomas Nicholson 13. Birthplace Unknown	Dther conditions
	(Include pregnancy within 3 months of death)
Unknown  14. Malden name	Majnr findings of operations
5 Birthplace	Major madings of operations. ACOUST. Date of op.
16. Informant	Autopsy results. None
The section of the se	PHYSICIAN: Please underline the cause tn which death shanld he charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. (Burlal, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
x 6.	Injured et home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director. Land	
Address 802 madisan are.	23 SIGNATURE TMyan may me of
" Oct 30, 1045 City Nest Dent.	M. D. or other
(Date rec'd by registrar)	Address Vets. Admin. Ft. Howard, Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-elearly and legibly.

ARGIN RESERVED FOR BINDING



# MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (Bloo)

Reg. Diat. No.....

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:    Coonty   Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rosers Forse (Balto, 12) (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Beltimore
(If outside dity or town limits, write RURAL and give nearest town)    How long in above place of death? 25 months	City or town Rosers Forge (Bolto, 12) (If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street Re. 57 Murdock Road
57 Murdock Road	Street Re
How long to hospital or institution?	2.(a) ti veteran, name war.
3. (a) FULL NAME David Dennis Ode	2. (b) Social Security Number
4. Sex Male S. Color or race 8.(a) Single, married, widowed, or divorced Baby	MEDICAL CERTIFICATION
Mare Mille Baby	20, DATE DE DEATH
	20. DATE DF DEATH 19 21 19 M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of hushand or wife	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) November 16, 1943	Insmediate cause of death DURATION
8. AGE: Years Mooths Bays It less than one day	Status Thymicolymphatiens 2 yrs
	- Apply Apply - Apply
8. Sirthplace Baltimore Maryland (Town, county, and state)	Due to letter - simple and lell a my
10. Usual occupation Bahy	acote state obove - Stelly translated 10 mins.
11. industry or business Baby	Due to
E 12 Name Carlton E. Odell	2 in the Hall and a second
Z 13. Birthplace Prompton, Penna.	Other conditions Transformation attacks less 2.3 mg.
# 14 Maiden name Emma Lorene Wills	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. informantCariton.E. Ddell.	Autopsy results
Address 57 Murdock Road, Balto, 12, Md	
Removal (Burisi, cremation, or removal, Which?)  Removal (Burisi, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide description.  Baie of 10/12/45
Cemetery or crematory A.F. Battenburg F.H.	Where did injury occur? 5.7
Localion Jermyn, Penna.	Injured at home, tarm, industry, public place (where?)
18. Funeral director AND MASS DUNING DOTTER	Means of Injury Stemsble and Fell Injured at work? WO
Address Towson Ward and	RILL & ADDINE DAE
and as a fill make by	23. SIGNATURE M. D. or other
19. (Dato ree'd by registrar)	Address Towan 4, Md. Bate signed 10/22/45

MARTEAND STATE INCARRENT OF HEALTH

CERTIFICATE OF DEATH

MOSTADIWANEL TADICINA

7.

FOR ROVE 1945

09851

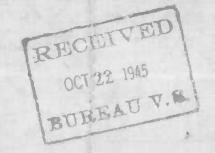
2411 N. Charles St., Baftimore 87

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30	
1. PLACE OF DEATH:  County J.D. L.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate	
3. (a) FULL NAME Harry Webs les Palmer	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced male white married	MEDICAL CERTIFICATION  20. DATE OF DEATH Of CAPONER 18 19 45 at 6 -1	
6.(b) Name of husband or wife. Lelliau Hopkius  8.(c) if alive, give age 5.3 years  7. Birth date of deceased (mo., day, yr.) Hauwary 15, 1883	and that I last saw harmalive on 19.7	
8. AGE: Years Months Days It less than one day 6293hrsmln.	Immediate cause of death DUNATURA  Letterman al production 2 des	
9. Birthpiace Aber Seew Has ford Co., md.  (Town, county, and state)  10. Usual occupation Lator C.  11. Industry or business	bue to General de bolity coursed our 1 y  by Parkinson's Dyndrome  Due to	
12. Name Harry Webster Polmer	Other conditions De out two 2 wks.	
14. Maiden name	(Include pregnancy within 3 months of death)  Major fiadiags of operations	
16. Interment Records Spring brove State Hospet	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 (Burlal, cremation, or removal, Which)  Date thereof. 21/45  (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Lifety files   Main	Whera did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)	
18. Funeral director John Jassing Address Schoolden, Md	Means of Injury  Injured at work?  23. SIDNATURE about 5. Farace True C	

(Date ree'd by registrat) 19 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IARGIN RESERVED FOR BINDING



VS A15.

1. PLACE OF DEATH:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2 IISHAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No ...

	County Ralto-22	(For newborn infants give residence of mother)
	City or lown (urners) tatum	State Penny County
l	(If outside city or town limits, write RURAL and give nearest town)	City or town Philadelphia
l	Now long in above place of death?	(If putside city or town imits, write RUBAL and give marest town)
l	Hospital, Institution, or street address where death occurred	Street No. 25 34 11 1914 ST
ı		(If rural, give LOCATION)
l	How long in hospital or institution?	2.(a) If veteran, name war.
	3. (a) FULL NAME Ethel Peurson	3. (b) Social Security Number
	4. Ser   6.(a) Single married, sidowed, or divorced	MEDICAL CERTIFICATION
l		20. DATE OF DEATH 00 19 43 , 21 10 20 1 N
	6.(b) Name of husband or wife £4 gone Planson	21. I CEPTEY that death occurred on the date above stated; that attended deceased from
		19.45 to CT 19.45
	7. Birth date of deceased (mo., day, yr.) May 18, 1898	and that I last sawh Cal alive on 19 19
	8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Duration
	47 4 15hrsmin.	
	South Conolina	3/1/100
I	9. 9 rthplace(Town, county, and state)	Due to Cychefia, manition
	10. Usual occupation. Knesewife	lepatic civihooco
	11. Industry or business	Due to.
l		hou
	12. Name Norris Posey 13. Birthplace out the applican	Other conditions
		(Include pregnancy within 3 months of death)
	14. Malden name Mory Giran	Major fiadings of operations.
	mrs Philippens	Date of op
	18, Informant	Antopsy results
	Address 204 1-10m/ng 111100	
	(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external carees fill in the following:  Accident, suicide, or homicide
	Cemetery or crematory 722 Carvary	Where did injury occur?
	Location A. A. Co. A	(City or town) (County) (State)
	Pare an Cardon	Means of Injury
1	18. Funeral director	
	Address 412 E. Preston St	23. SIGNATURE Selfund Amoon MD
	19 11-2 19 Cardian	M/D, or other
ı	19	Address Drecam Mage VI Date signed 10-30-45

# MARYLAND STATE DEPARTMENT OF HEALTH

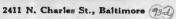
2411 N. Charles St., Baltimore 13-0

09853 P

CERTIFICAT	TE OF DEATH Reg. Dist. No.
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County
3. (a) FULL NAME Harry A. Bolk.	3. (b) Social Security Number 2/2-10-7799
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that arounded deceased from  19
8. AGE: Years Months Days It less than one day  32 6 // hrs. min.  9. Birthplace (Towp, county, and state)	Immediate cause of death
10. Usual occupation.  11. Industry or business Bartlett + Haywary  12. Name Frederick E. Bash.  13. Birthplace	Due to  Leval. & Jukiewicze  Other conditions
14. Maiden name // Ory 9. Sayles  15. Birthplace / M. A.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Interment Address 3018 Algorithms (Burial, cremation, or remove). Which?)  17. Burial (Burial, cremation, or remove). Which?)  18. Interment Address Salar (Burial, cremation, or remove). Which?)	Autopsy results
Cemetery or crematory. April 64.	Where did injury occur?
16. Funeral director Will Cook Onc  Address 212 St Hund St.	Means of tinjury Injured at work?
19. O 79 19 4 7 ONA L. L. Registrar (Date rec'd by registrar)	Addres 0.3.0 / 1 Current Bate signed W.D. or of the Current Bate signed W.D.



# MARYLAND STATE DEPARTMENT OF HEALTH



# CERTIFICATE OF DEATH

09854.14 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infanta give residence of mother)
County Da I to	
City or 10wn	State Md. County Balta
(If outside city or town limits, write RURAL and give nearest town)	City or town Pot Town limits, write RURAL and give nearest town)
How long In above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. Pocting Poling T
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or face   6.(a) Single, married, widowed, or divorced	2/7-01-9524
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH OCT. 6 4 19 45 , 21 10 25 A.M
	21. I CERTIFY that death occurred on the date above stated; that 1 ettended deceased from
6.(6) Name of husband or wife. Stella E. Parter	10 - 7
7. Birth date of	and that I last saw h in alive on 10 - 4 - 19.41
deceased (mo., day, yr.) Feb. 264 1898	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause al death
47 7 10nismin.	Immediate cause al death DURATION Chr. my vearbtts 2 477 ?
	Due to Pulmonony Emphysaman ?
9. Birihplace Balto Ca. Hd. (Town, county, and state)	Due to the first of the first o
10. Usual occupation Catchex	
11. Industry or business Eastern Rolling Mills	Due 10
# 12. Name Oreo. H. Porter	Other conditions
13. Birthplace Balto. Co. Md.	
14. Maiden name An xa Heldoxfex	(Include pregnancy within 8 months of death)
14. Maiden name. An natteldarter  15. Birthplace Balta, City Md.  16. Informant Mys. G. W. Parter	Major findings of aperations.
\$1 15. Birthplace Da To. City Id.	Date of op
16. Informant 17 vs. G. W. Faxter	Antopsy results
Address / Ponte 13# 423 Balto.21	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereot O O 45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sacked Heart of Mary	Where did injury occur?
Location Balto Co.Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lange from Language Hand	Means of Injury Injured at work?
	4.00.00
Address 7 401 Belan Ord.	23. SIGNATURE M. V. Wandow
19. 4x 9 19 43 J. g. Cannelly	Address 3218 Eastern and Date signed (0-8-40)
(Date rec'd by registrar) Registrar	Address Date signed Common Date

BARTLAND STATE OF ASSESSMENT O

OCT 18 1945 BUREAU VA

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-6

# CERTIFICATE OF DEATH

09855 P

1. PLACE OF DEATH:  County Bullings	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mun Cun County Ballunce
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 608 W. Joffa Road
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME George Oliver F	3. (b) Social Security Number
4. Sex 5. Color or race 6.(d)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widowed.	20. DATE OF DEATH. Octuber 22 1945 at 3.17 PM
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945, to 66722 1945
7. Birth date of deceased (mo., day, yr.) Octoloc) - 6 1855	and that I last saw h alive on 6 C. I. 2 7 1925
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
9. Birthpiace	Due to.
10. Usual occupation Chair chain may	Due to
11. Industry or business	
12. Name Seorge Washington Towers 13. Birthplace Marylow.	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Charity Beasman  15. Dirthplace Muylum	Major findings of operations
≥ 15. Dirthplace . Muylun	Date of op.
16. Interment Leve Ceardell Courses	Antopsy results
Address Fourson and	22. VIOLENCE: If death was due to externat causes, fill in the tollowing;
(Burial, cremation, or removal Which?)  Bate thereot (month) (dgs) (year)	Accident, suicide, or homicide
Cemetery or crematory & Lyunary Hours to my	Where did injury occur?
Location Walk Fine Commetery	Injured at home, farm, todustry, public place (where?)
18. Funeral director John O. Mitchell ford.	Means of Injury tnjured at work?
Address 1900 Eutow Place -	23. SIGNATURE / D/ Plelling and MD
19. (Date rec'd by registrar) 19. Y 5 A. W. Kestude Registrar	Address own 4 M. D. or other  Address own 4 Date signed 07 22
	. 1945

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-a)

09856

U
·
-

4			CERTIFICAT	TE OF DEATH Reg. Dist. No	*
1. PLACE OF DEATH:  County Baltimore  Fort Howard  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 87 Days  Hospilal, institution, or street address where death occurred:  Vets. Adm. Fac. Fort Howard, Maryland  How long in hospital or institution? 87 Days  3. (a) FULL NAME			URAL and give nearest towu)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Washington County  City or town Washington, D. C. (If outside city or town limits, write RURAL and give Street No. 769 Girard Street, N.W.  (If rural, give LOCATION)  2.(a) tf veteran, name war. WW-I  3.(b) Social Security	re nearest town)
	JOSE	PH OTIS	QUARLES	0.(0) 500.00.000	and the second
4. Sex Male	S. Color or race Negro		e, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH	
				21. I CERTIFY that death occurred on the date above stated; that t allended	or 20, 19.45
8. AGE: Years	Months 9	Days	If less than one dayhrsmln.	Carcinoma of Esophagus	
11. Industry or business  12. Name	Porter seph Quar virginia	les	state)	Due to	
16. Informant	ort Howa	rd, Md.	vets. Adm. Fac.	Autopsy results	rged statistically.
Date thereof (month) (day) (year)  Cemetery or crematory Direction (continue)  Location Mashandtan, D. C.			Katinal	Where did injury occur?	(State)
18. Funeral director  Address  19	2 ma	di	Tutolicale Registrar	23. SIGNATURE ROBERT M. CULLISON, MAJORN Address Fort Howard, Md. Date sign	O'N DMis Ober

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09857

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Baltimere.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Owi Mags Mills.  (If outside city or town limits, write RURAL and give nearest town)	State Mary Land. County	
(If outside eity or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
17. Sewood State Te Itaining Jehool	Street No. 206 S. Gilmar ST.	
	(If rural, give LOCATION)	
How long in hospital or institution? 3 yrs 3 mas 12 dys-	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Susan Gauce Macusin		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
temake Whik Single.	20. DATE OF DEATH OCTOBET 14- 19 45 at 1100 m	
B.(3) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I atjended deceased from	
	July 2. 18.42 to Co Tober 14 18.45.	
7. Birth date of	and that I last saw h. e. alive on Octaber. 14 1945.	
deceased (mo., day, yr.) September 2. 1940.	Immediate cause of death	
8. AGE: Years Months Days It less than one day		
5 / /2nin.	Lobar Preumania. 1dy.	
Battimure City.	Due to	
9. Birthplace Ba III mure (10wn, county, and state)	Due 10.	
10. Usual occupation. No. n.e.		
11. Industry or business No 716	Due to	
	13.17.1/b.T.h.	
12. Name Nathan Macusin	Other conditions Mecurren 1 Bilateral Ot. Tis Predia 4095.	
13. Birthplace Da 17: more.	(Include pregnancy within 8 months of death)	
14. Maiden name Posalie SheviTz		
15. Birthplace Brooklyn 7. V.	Major findings of operations	
	Date of op,	
18. Informant Tresewas & State Training Chas	Autopsy results	
Address Owings Mills, Md.		
17. Date thereol. 10/15/90	22. VIOLENCE: It death was due to external causes, till in the tollowing;	
(month) (day) (year)	Accident, sutcide, or homicide	
Cemetery or or enjectory Constitution of the C	Where did injury occur?	
What held to besseller leve	Injured at home, 1arm, Industry, public place (where?)	
TOCKHOT MANAGEMENT OF THE PARTY	Means of Injury Injured at work?	
18. Funeral director	means or repert	
Address 1439 E. Ballo VI	9 0 1714 000 - 4 60	
D + 1 (101) 1 1	23. SIGNATURE M. D. or other	
19. Wedselv	Address Dosewood, Owings Mills Mrd, Date signed Och 14/ 45	

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH



1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore				State Maryland County		
City or town				City or town Annapolis (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. 911 West Street		
Vets. Adm. Fac. Fort Howard, Maryland  How long in hospital or institution? 12 Hrs. 20 Minutes				(If rural, give LOCATION)		
How long in hospital	or institution?	2 Hrs.	20 Minutes	2.(a) If veteran, name war		
3. (a) FULL NA	ME			3. (b) So	cial Security Number	
	ROBER	T JOHN	RANDALL			
4. Sex	Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			MEDICAL CERTIFICATION		
Male	Negro		Married	20. DATE DF DEATH. October 13, 19 45 at 5:50 A		
///// 8 8 8 3 3 3				21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
6.(b) Name of plushing of wife Frances Randall  7. Birth date of				October 12, 19. 45 to October 13, 19. 45 and that! last saw h. im. alive on October 13, 19. 45		
						deceased (mo., da)
0. 1104.	ars Months	Days	tf less than one day	Hypertension & Coronary Art	erio-	
	4 9	12	mln.	sclerosis	10 Yrs.	
9. Birthplace				Due to	***************************************	
10. Usual occupation. Unamployed						
				Due to	***************************************	
11. Industry or business						
12. Name Columbus Randall 13. Birthplace Maryland				Other conditions Cerebral Hemorrhage.		
				Hemiplegia, left & Cerebral sclerosi schede pregnancy within 3 months of deat	Arterio Unknowi	
14. Maiden name Ellen Imes  St. Birthplace Maryland				Major findings of operations		
15. Birthplace Maryland				- Da		
18 Informant Cl i	nical Reco	rds. V	ets. Adm. Fac.	Autopsy results.		
Address Fort Howard, Maryland				PHYSICIAN: Please underline the cause to which death show	ald be charged statistically.	
Addition .				22. VIOLENCE: If death was due to external causes, fill in the		
(Paris a secretion or removal Whish?) (month) (day) (year)				Accident, suicide, or homicide	Date of	
Cemetery or crematory national ameling				Where did injury occur?	ounty) (State)	
location west stetta.				Injured at home, farm, Industry, public place (where?)		
Jan Black M High				712	od at work?	
18. Funeral director.				md. Quin of		
Address 45 normwest Stormagolas					en,	
10/01/	1 .4	1	aw Hedred	A. M. BALTER, LT. COL		
Date rec'd by	registrar)	*****	All, Registrar	Address Fort Howard, Md.	Date signed 10-13-4	

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

P

CERTIFICAT	TE OF DEATH  Rog. Dist. No9	
I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants givo residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 25  (If rural, give LOCATION)	
3. (a) FULL NAME William Pyneae Redmond	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20, DATE OF DEATH.  OF 10 19 45 at 10.15 A	
6.(b) Name of bushand or wife Anna M. Tradract  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Dayl if less than one day  5.8 Months Dayl if less than one day  5.8 Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  8. Birthplace Clypna Anna Months Dayl if less than one day  8. Birthplace Clypna Anna Months Dayl if less than one day  7. Birthplace Clypna Anna Months Dayl if less than one day  8. Birthplace Clypna Anna Months Dayl if less than one day  8. Birthplace Clypna Anna Months Dayl if less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.45., to OCT /6 19.45.  and that I last saw h. Lam. alive on OCT /6 19.45.  Immediate cause of death.  DURATION  Due to.	
10. Usual occupation	Due to	
12. Name Leff Readmand  13. Birthplace way land  14. Maiden name Dray Clark  15. Birthplace Drahyland	(Include pregnancy within 3 months of death)  Major fiedings of operations	
Personal History Hospital Record  16. latermant.  Address Eudowood Sanatorium, Towson 4, Mo	Autopsy results	
(Berhal, cremation, or removal. Which?)  Cemetery or crematory	Accident, suicide, or homicide	
18. Funeral director Acres & Wife Real Address #101 & Ram Clana Q 18	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	
19. (Dat 1) (Date rec'd by registrar)  Registrar	23. SIGNATURE Allieny a Sulgh M. D. or other Address Towson & Maryland Date signed	

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-8)

#### CERTIFICATE OF DEATH

(19861) 30 Reg. Dist. No. 30

County				(For newborn infants give residence of mother)		
City or town				State Md Cour		
(If outside city or town limits, write RURAL and give nearest town)  18 Mos -  How long in above place of death?			UKAL and give nearest town)	City or town. Catonsvil.	le	
How long in above place of death?			l:	11		
***************************************				Street No. 118 Beechwood		
How long in hospital or	institution?			2.(a) tf veteran, name war		
3. (a) FULL NAMI	E				3. (b) Social Security M	lumber
	James	H. R	ider			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
М.	₩.	M	arried	20. DATE OF DEATH October	10th 19.45	at 9:55A M
R (h) Name of husband	or wife Ca	rolin	e W. Rider.	2 L CERTIFY that death occurred on the date about		
O.(O) Hame of hosena	OI WIND	e /	e) If alive, give age 86 years	Dec. 10 194	14 to Oct. 10	1940
7. Birth date of	. Inno 1	106	O	and thet I last saw halive on	C. 9	19 4/10
deceased (mo., day, y		Days	If less than one day	Immediate cause of death		OURATION
	irontas	Days		myorardial Drug	freeze	124
83		}	hrsmln.		······································	***************************************
9. Birthplace	Brooklyn	county and	itate)	Due to	5	***************************************
	Retired	Farm	er .	Rheun Sie Cardio	Vare Clevence	1930:
		*******************		Due to		***************************************
11. Industry or busines		i d 0 m				
E			low, N.Y	Other conditions		
∑ 13. Birthplace				(Include pregnancy within 3 m	nonths of death)	
E 14. Maiden name.	Lucia M	ulior	Q .	Major findings of operations		
14. Maiden name 15. Birthplace	Rensse	laerv	ille.N.Y.	major manage of operation		
	rs Walte	r P.	Backes	Antopsy results		
	8 N. Bee			PHYSICIAN: Please nnderline the cause to wh	ich death should he charged a	tatistically.
				22. VIOLENCE: If death was due to external cause	ses, fili in the following;	
(Burial, cremation	al , or removal. Which?)	Oate there	(month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************
Cemetery or cremato	, Trinity	/LEpl	scopal	Where did Injury occur?(City or town)	(County)	(State)
	nszelaer			tnjured at home, farm, Industry, public piace (wh		
	11/1	- 1	1-12.00	Means of injury	injured at work?	
18. Funeral director	reder	CAL.	T CARCE	- 1 1	0 11	70
Address /2007	M. No.	ul	ard of	23. SIGNATURE THE COMMENTS AND	Tallages.	M.W.
10	1.12 115		.C. andrea.	2 27 11	M. D. o	-
(Date rec'd by re	1 0 19 45 (istrar)	Des	Puly Total Received	Pudress Caleswill - 28,	Date signed!	0-10-41

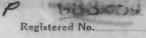
RECEIVED NOV 6 1945 RUREAUALE

of yo Sommy se

VS 150

-		2000	
-	-	3	
1 1 - 2	De 15		
6	The state of the s		

# BALTIMORE CITY HEALTH DEPARTMENT



1	CERI	IFICATE OF DEATH &
Streplied	1. PLACE OF DEATH Maryland  (a) Baltimore Maryland  (b) Street address.	2. USUAL RESIDENCE OF DECEASED: U9861  (a) State Md. (b) County
efully.	(c) Hospital or institution: Hood Nursing Home	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
should to carefully early and legibly.	(d) Length of stay in hospital or inst. (yrs., mos., or days	(e) Citizen of foreign country? (Yes qr No)
shou	3 (a) FULL NAME August Rietdorf	
DING information of death cl	3 (b) If veteran, name war None 3 (c) Social Securi	20. DATE OF DEATH October 12 1945 , at M
1. 0	4. Sex   5. Color or race   6 (a) Single, married, white   divorced. Married	ed deceased from wey 5 1945, to 001 1219 45
lk Bill tem of cause	6 (b) Name of husband or wife Anna M. Rietdon 6 (c) If alive, give age	and that I last saw h alive on OCX 12 19 WS  years Immedite cause of death Q Duration
RESERVED FO G INK. Every it please write the	7. Birth date of deceased (mo., day, yr.) August 19 8. AGE: Years   Months   Days   If less than one of the state of the s	, 1860 Circleras Atrecorrhage 200gs
	9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual Occupation Retired	Due to
RGIN ADIN cians:	11. Industry or business	Other Conditions
MAR UNFA Physici	12. Name Charles Rietdorf 13. Birthplace Luxemburg	(Include pregnancy within 3 months of death)  Date of operation.  Underline the
WITH U	14. Maiden Name Victoria Boedicker  15. Birthplace Berlin, Germany	Major findings of operation:  of autopsy:  ause to which death should be charged statistically.
NLY,	16 (a) Informant Mr. James B. Upp (b) Address 2821 Bauernwood Ave.	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
FE PLAINLY especially imp		(day) (year) (C) Where did injury occur? (City or town) (County) (State)
WRITE e is esp	(c) Cemetery or crematory Greenmount  Location Baltimore, Md.  18 (a) Funeral director Mm. J. Tickner & Son	(d) Did injury occur about home, on farm, industrial place, in public place? While at work? Specify type of place)
EASE	(b) Address North and Penna. Ayes,	(e) Means of injury  23. Signature  (e) Means of injury  23. Means of injury  24. Means of injury  25. Means of injury  26. Means of injury  27. Means of injury  28. Means of injury  29. Means of injury  29. Means of injury  20. Means of in
PLE,	(Data racelly argurar)	degistrar Address 15 These can bate signed 10/15

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

#### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of discase entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

#### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the scries of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGIS-TRATION issued by the U. S. Burcau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



2411 N. Charles St., Baltimore 107

#### CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:  County Day 1000 City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newporn infants give residence of mother)  State  County  City or town  (If outside city or town-timits, write RURAL and give nearest town)  Street No. 4.3  (If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Anna & C	Ripling 3. (b) Social Security Number	
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  21. 10. 45.	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. A. alive on	
8. AGE: Years   Months   Days   If less than one day	Dymsha Inlumnia 5 day	
9. Birthplace Authornool (Town, county, and state)	Due to	
10. Usual occupation	Due to	
11. Industry or business  12. Name and Coleman  13. Birthplace Saltymor MA	Other conditions Henrically a artery sollier; ?	
14. Malden name Elypbeth Hills  15. Birthplace 00 Md	(Include pregnancy within 3 months of death)  Major findings of operations.	
16. Informant Musikon Oleman Address H (18 Mond bins had lasery Mic	Autopsy results	
17 June (Burial, cremation, or removal. Which?)  Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Cemetery or cramatory / outons Grand	Where did injury occur?	
18. Funeral director Julius M. Communication of the	Meens of Injury Injured at work?	
Address Suttimore Mil	23. SIGNATURE Winney My Hummel M. D. or other	
19. (Date rec'd by registrar)  Registra	Address Esse med Date signed 10/13/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS A15

MARGIN RESERVED FOR BINDING

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of muther)
County	m. I R. le
City or town	State County County
How long In above place of death?	Gity or town (If outside city ur town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Pond. Rd.
	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frances ( Dembeck)	Rochowisk
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
semale price married	20. DATE DE DEATH Out 19 9 19 45 at 6 P M
Micheal	21. I CEBTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or write	Chily 1 1945, 10 Det 19 19 45
7. Birth date of	and that I last saw h examine on Oct 19 19 43
deceased (mo., day, yr.) 3//2/2/	Immediate cause uf death DURATION
8. AGE: Years Months Days less than one day	Downey Humbosis Sulden
74. 7 7hrsmin.	
9. Birthplace Poland.	Que to Certero selente. Cardia
(Town, connty, and state)	vasculardisease
10. Usual occupation bouse well	Due to Sensility
11. Industry or business	
변 12. Name	Other conditions
13. Birthplace	
K V	(Include pregnancy within 3 months of death)
H 14. Maiden name	Major findings of uperations
15. Birthplace	Date of op.
16. Informant Janes Gover	Autopsy results
Address Pond R Middle River	
12 Burial But theres 10: 23-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, ur removal, Which?)  Date thereof (munth) (day) (yeur)	Accident, sulcide, or homicide
Cemetery or crematory St. Stagnislaus	Where did injury occur?
Location Dundalh lave Ballo Mid	Injured at home, farm, Industry, public place (where?)
Lemes Randomski.	Means of Injury Injured at work?
18. Funeral director	a G. a. A.
Address 140 / Casus Gwella.	23. SIGNATURE LES MI MUNICIPALITATION
10-22 45 flettedens	M. D. ur other
(Date rec'd by registrar) Registrar	Address Date signed

VS A15

MA	RYLAND	STATE	DEPARTMENT	OF	HEALTH
U Vi	INILAND	DIAIL	DEPARIMENT	Ur	HEALIF

2411 N. Charles St., Baltimore (1860)

#### CERTIFICATE OF DEATH

09864

A			11	
Reg.	Diat.	No.		<i>[</i>

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town Daging on Cont	State M. A. County Balto
(Voutside city or town limits, write RURAL and give nearest town)	BIT
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Sup gart.	Streef No. / 2 / O / Control of the street No. / (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jon Russer	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION believe
male colored (marriet.	20, DATE OF DEATH. OCX 29 19 45 21 4+ 12.PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
P (a) Malling along	Ock 19
7. Birth date of deceased (mo., day, yr.) 1907	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
38hrsmin.	Showing the first of the state
	and the state of t
9. Birthplace (Town, county, and state)	Due tal ( Cyrisher)
10. Usual occupation Solutions I the State of the State o	Due fo.
11. Industry or business B. O. Co. Shep gand	
12. Name Prince Rosser	Other conditions
13. Birthplace N.C.	(Include pregnancy within 3 months of death)
14. Maiden name Marthia Williams  15. Birthplace  16. Birthplace	
15. Birthplace MC 17	Major findings of operations
16. Informant Best Red les 1800	Autopsy results
Address Ar. Gill 1	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Buriel Dale thereof 11-2-45	22. V10LENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Store Hill n.C.	Injured at floge, 12mm, Industry, public place (where?)
18. Funeral director Williams a Jackson	Means of Injury fell Injured al work?
Address 916 Penny (due Balto's	na moloni in but
1073 Dut miloneuma	23. SIGNATURE M. P. or other
(Date rec'd by registrar)	Address Dale signed of Dale signed

RECEIVED NOV 7 1945 BUREST V.E.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48%)

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn, infants give residence of mother)
City or town To Textory Mid. 10 Md. ave.	State Md. County Ballo .
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 10 Mai Oll
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clara Luella Roysti	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, withough or disorded  Leucale W Leucyle	MEDICAL CERTIFICATION  2D. DATE OF DEATH. 2. 2. 4. 9. P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Teleview 21, 187, 5	and that I last saw h 2 alive on 6 2
8. AGE: Years Months Gays If less than one day  70 8 17	Immediate cause of death DURATION 240.
9. Birthpiace Rependent Balto. Co. Med.	Due to
10. Usual occupation A OUAUROLFOUR	Due to
11. Industry or business	
12. Name Dallo Co. Mac.	Other conditions
14. Maiden name Luste A. Price  15. Birthpiace Batto. To May	(Include pregnancy within 3 months of death)  Major findings of operations  Date of op. 6/2 3/45.
16. Informant Horace Royalore Address 10 MA. All Sturious Mid.	Autopsy results
17. Burish Date thereof 10 6 45 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory and State Miles Michigan College	Where dld injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director of ascala M. Droovs	Meens of Injury Injured at work?
Address Sparked Mich Mill	23. SIGNATURE AUX CULLUS
19. (Date rec'd by registrar)  Registrar	Address Dave Date signed 18/4/41

NOV 5 1945

VS. A15

The

carefully supplied.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 194

Reg. Dist. No. 33

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: (a) County Baltimore	2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) County Saltimore (b) City or town Bustoustown	(a) State mary land (b) County
	(c) City or town Baltimore
(c) Street address, hospital, or institution:	(If outside city or town limits, write RURAL and give town)
	(d) Street No. 1729 & Baltimore Street.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?years V
3 (a) FULL NAME Hyman Gubi	in the second of
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION  20. Date of death October 26, 1945, at 2 AM
No.	20. Date of death October 26, 1945, at 3 AM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Traviled	21. I certify that death occurred on the date above stated; that I attend-
	ed deceased from hov. 9, 1944, to Get. 26 19 45
6 (b) Name of husband or wife Sarah Oubin	and that I last saw him alive on Get. 26, 19 15.
6. (c) If alive, give age 66 years	Immediate cause of death
7. Birth date of deceased (mo., day, yr.) October 15, 1874	Ingorardial Failine
8. AGE: Years   Months   Days   If less than one day	Due Competitive Heart
71 11	Due to Congestive Heart 18 mos
hrmin.	Due to Oulmonary Subseculoses 6 yes,
9. Birthplace Cussia	
(Togn, county, and state)	Other conditions
11. Industry or business	(Include pregnancy within 3 months of death)  PHYSICIAN
M A D Lais	Major findings:  Of operations Underline the cause to which
12. Name Russia.	Or operations cause to which death should be
H 14. Maiden Name Marian ?	Of autopsy charged statistically.
15. Birthplace Questa	22. If death was due to external causes, fill in the following:
	(a) Accident, suicide, or homicide
(b) Address 1729 East Beltimore St.	(b) Date of occurrence
James	(c) Where did injury occur?
17 (a) Swund (Burial, cremation, or removal) (b) Date thereof 10-26-46 (month) (day) (year)	(City or town) (County) (State)  (d) Did injury occur about home, on farm, industrial place, in public
(c) Cemetery or crematory wedale	place?While at work?
Location Baltimae Co. ml.	(Specify type of place)
18 (a) Funeral director TOCK hours SMC	(e) Means of injury
(b) Addross 1 129 2. 5 ets. Ag	23. Signature albert J. Shrier M.P.
19 (a) 16/2 6/15 (b) HW. Helych	All Berstenstones End De in 1 Oct 26 R

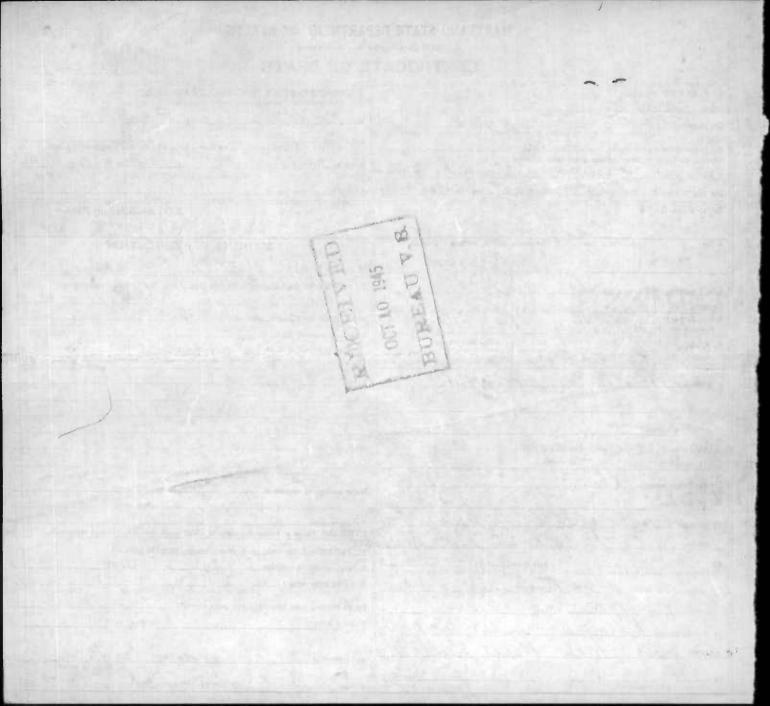
# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Balta City or town Rejstiretown 2 Ma	State and County Balto City
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 3 da	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 1525 W. 36 th. St Handen - Och
Hospital, Institution, or street address where death occurred:	
In sur ou from Strayers Face	(If rural, give LOCATION)
	(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wen E. Salvero.	219-07-5990
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Zprarried	2D. DATE OF BEATH. O.C. 7 19 45 st 9 G. M
6,(b) Name of husband or wife. Lille Suffers	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(c) If alive, give age years	and that I last saw have on Oct 7 1945
7. Birth date of deceased (mo., day, yr.) Way 29 1891	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Erronary Declusion Frances
5# 4 8hrsmin.	( to 12 la)
Bultungen Co MA	
9. Birthplace(Town, connty, and state)	Due to
1p. Usual occupation.	
	Due to
11. Industry or business	
12. Name	Diher conditions
13. Birthplace	(Incinde pregnaucy within 3 mouths of death)
E 14. Melden name	Major findings of operations
14. Melden name	Date of op.
WILL AT IVA IIIIIAA	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 15 CO W. 36 CM SA NOWMAN !	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?)  (Burial, cremation, or removal Which?)  (month) (day) (yeeg)	Accident, suicide, or homicide
Malte de la	Where did injury occur? (City or town) (Connty) (State)
Cemetery or crematory	
Location September 1991	Injured at home, farm, Industry, public place (where?)
18. Funeral director Duryll Turyll Tomb	Means of tnjury tnjured at work?
Address 3631 talls Hour Butto Mil	
Autress O'CO! TURNS I VALLE ACTION INC.	23: SIGNATURE D. D. Caples M. D. or other
19. (Date rec'd by registrar)  [Date rec'd by registrar]  [Registrar]	Address Resolution Ind Date signed 10 - 7-45.

is especially important. Physicians: please write the causes of death clearly and legibly.



ADING INK. Supply every item of information carefully. The co Physicians: please write the causes of death clearly and legibly. UNFADING INK. WITH UNF WRITE PLAINLY is especial PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

CERTIFICAT	L
. PLACE OF DEATH:	2.
county Daltings,	
(If outside city or town limits, write RURAL and give nearest town)	Sta
low long in above place of death?	Cit
lospital, Institution, or street address where death occurred:	St
low long in hospital or institution?	2.
B. (a) FULL NAME W	/
Mary a. scheuf	e
S. Sox 5. Color of race 16.(a) Single, married, fildowed, or divorced	
wal Mull Marray	20.
(b) Name of husbood or wife. Wheel of Acherful	21
S.(c) If alive, give ageyears	***
deceased (mo., day, yr.) Mav. 5, 1895	an
B. AGE: Years   Months   Days   If less than ooe day	Im
50 8 /min.	****
Birthplace Datting (Town, county, and state)	Bu
7/	****
1. Industry or wishest heir of water Ov traff (	Due
12. Name Joeff J. J. alleger	Oth
13. Birtholoco Balling or Keny Cour	
14. Mideo/name flynes Owner	Ma
15. Birthplace Calling keys	****
B. Informan Life J. Ochage L.	Au PH
Address 166 Second Clife Hallelling	7
(Rurial, cremation, or removed, Whichi)  Bate thereot. (month) (day) (year)	Acc
Cemetery or crematory tely Cross Clly	Wh
Location di Oi Co, Meet,	Inju
18. Funeral director They was the sung	Me
Address 1476 Reg St St. Ballung week	7
	_ 23

town)	I Latitlaho	Juliune
***************	City or lown (15 outside city or swallmits, write Street No.	ud CUE
**************	(If rural, give LOCA 2.(0) It veleran, name war	TION) -
1	1.02	(b) Social Security Number
ed	MEDICAL CERT	IFICATION
1	20. DATE OF DEATH ON . 6	1945 at 11 9 m
ifel	21. I CERTIFY that death occurred on the date above state	
years	and that I lest saw have alive on act	1941
	Immediate cause of death	DURATION
mln.	Curry Hu	and the same of th
/	Gue to	
46	Due to	***************************************
1	Other conditions	
cours	(taclude pregnancy within 8 months	
	Major fludings of operations. Myanus	0/-7///
1.7		Date of op.
2	Autopsy results	ath should be charged statistically.
link	22. VIOLENCE: If death was due to external causes, fill	in the following;
year)	Accident, suicide, or homicide	Date of
**********	Where did injury occur?(City or town)	(County) (State)
	Injured at home, farm, industry, public place (where?)	
0	Means of Injury	Injured at work?
o week	011.4	0 -11-)
2	23. SIGNATURE/Alloha H	M. D. or other
Registrar	Address 4209 Stud are	Date signed 10/8/45

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

19200

	00		4
	F31 . 4	W.7	- The

CERTITION	Reg. Diat. No.
1. PLACE OF BEATH:  Couety  City or town.  (If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For now born infants give residence of mother)  State  City or town  (If queside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME	
4. Sex 5. Color or rico 6.(a) Single, married, widowed, or divorced Temple Colored Devoices	3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE DE DEATH
8.(6) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I attended deceased the company of the state
8. AGE: Years Months Days It less than one day	Immediate cause Pleath BURATION DELEMENT 2 ESTO
9. Sirthplace	Buo to. Carcin oma y Storech marking
11. Indostry or business    12. Name	Other conditions
14. Malden name Mortha Wright  15. Bythoplace, Na,	Major findings of operations.
16. Informant Fridrick Cole Address // Cottage are.	Antopsy results
17 Burial Commission, or removal, Which?)  Dato thoreof Duty 4, 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or crematory Mr. Calvary Census	Where did injury occur? (City or town) (Couoty) (State) injured at home, farm, industry, public place (where?)
18. Funeral director Mrs. Pobert O. Ellistia Del	Means of injury Injured at work?
Address 1,129 n. Caroline St.  19. (Daje rec'd by registrar).  19. (Registrar).	23. SIGNATURE THE MOMES M. D. or other M. O. or oth

PLEASE

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

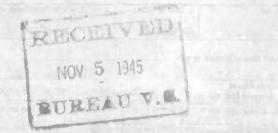
2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

4	09870	30
1	Reg. Dist. No	90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)
County Baltimore	State Maryland county Baltimare
(If outside city or town limits, write RORAL and give warest town)	
How long in above place of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Hart Koad
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	MI TO THE PARTY OF
Shirley Unne S	3. (b) Social Security Number
4. Sea 5. Color or race 8.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Negro Single	20. DATE OF DEATH 1945 734 M
8,(b) Name of husband or wife.	21. I CERTIFY that death occupied on the date above stated; that f attended decreased from
8.(c) If alive, give ageyears	1910
7. Birth date of deceased (mo., day, yr.) September 29. 1943	and that f last saw h
8. AGE: Years   Morths   Days   If tess than one day	Immediate cause of death
2 - 18 - min.	ught ling 4 days
& Birthplace Providence Balto. Co., Md.	Due to.
9. Birthplace Providence Balto. Co., Md.	020 (4
10. Usual occupation.	Bue to
11. Industry or business Babe	A A A
12. Name Ben jamen Scovens  13. Birthplace Providence Nd.	Other conditions and supplied by an alfert 2 years
	(Include pregnancy within 3 months of death)
14. Maiden name Lucille Brax to.17	
15. Birthplace Lutherville, Md.	Major findings of operations
18. Informant Ben in Mey Scorens	Autopsy results
Address Providence, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Pleasaut Rant Comments	Where did injury occur?
Location TOMSON, Md.	Injured at home, farm, Industry, public place (where?)
18. Foneral director Shay Burring Lynn	Heans of Injury Injured at work?
Address Townson while I	RODINI LA DIL
10 d 10 - Ille accollano dou	23. SIGNATURE. M. D. or other
(Date rec'd by registrer)	Address Town 4 / Med Date signed 10/9 1/45

MANUAL DESCRIPTION OF HEALTH



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	Fort Ho	ward	***************************************	State Maryland County		
	City or town. (If outside city or town limits, write RURAL and give nearest town)					
How long In above place of death?				City or town. Baltimore (If outside city or town limits,		
				Street No. 2733 E. Monument		
			d, Maryland	(If rural, give LOCATION)		
How long in hospita	l or Institution?2	8Days		2.(a) If veteran, name warWW	***************************************	
3. (a) FULL NA		ISTOPHE	R J. SEIDEL		3. (b) Social Security	y Number
4. Sex	5. Color or race		ie, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
Male	White		Divorced	20. DATE OF DEATH October 26,		at .7.105A.
S (h) Name of hunter	and or wife Div	orced	***************************************	21. I CERTIFY that death occurred on the date above	stated; that I attended dec	ceased from
				September 28, 19.4	5 to October	26, 19 45
7. Sirth date of			(c) If alive, give ageyears	and that I last saw himalive onOctol		
deceased (mo., da	ıy, yr.) <b>1-0-</b>	1933		Immediate cause of death		
8. AGE: Ye	ears Months	Days	If lese than one day	Carcinome of the Naso		
	46 9	20	hrs			
9. Birthplace	Overlea,	Maryla	nd state)	Due to		
					18 000 440 000 440 440 400 400 400 400 40	
10. Usual occupation	pmp	1.uy.o.u	***************************************	Due to	*************	***
11. Industry or busin				***************************************	***************************************	*****
皇 12. Name	ohn J. Sei	del		Dther conditions	***************************************	***
13. Birthplace	Germany					
<b>X</b>	Ella Ric	hie		(Include pregnancy within 3 mo		
14. Malden nar	Ireland	Ah-m 26		Major findings of operations		
≥ 15. Birthplace	ITGIANA			••••••	Date of op	
16. Informant	Clinical R	ecords.	Vets. Adm. Fac.	Autopsy results		
Addrese	Fort Hows			PHYSICIAN: Please underline the cause to which	h death should he charges	d statistically.
0	. 0			22. VIOLENCE: If death was due to external cause	s, fill in the following;	
17(Burial, cremat	wual ion, or removal. Whi	h?) Date the	reof 10/30/1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem		Com I	utheran ben.	Where did injury occur?(City or town)		(CA.A.)
		1 1	A			
Location	2 -		ellimore	injured at home, farm, industry, public place (when		
16. Funeral directo	Oder 1	unera	Home lace	Meane of Injury	Injured et work?	1 1 1 1 1
Addrese 4	. /	de Pag		SIGNATURE ON MBG	eller	- 61
101	200	1	( shekaki	A. M. BALTER, LT	COL. M.CD	CTIN.DIR.
19. (Date rec'd by	29 19 registrar)	J	Registrar	A. M. BALTER, LT. Address Fort Howard, Md.	Date signed	10-28-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

					and in the
CERT	TFI	CATE	OF	DF.	ATH

			J
eg.	Dist.	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formayborn integets give residence of mother)
County	State
City or town	1901+:
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addross where death occurred:	Street No. 734 WARNICK ROAD
OPit3 HOME	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME OA THE ERES A O	Shanahan 3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
JEMALE WhitE WINOW	20. DATE OF DEATH OCTOBER 15 19.45 pt 29.
8.(6) Name of husband or wife Edwag & A.	21. I CERTIFY that doath occurred on the date above stated; that pattended deceased from
	(lux 20 10.45 , 10 (let 2) 10.45
7. Birth dato ot	and that I last saw h Raive on Och 14 19.55
deceased (mo., day, yr.) JANUARY 30-1876	Immediate cause of death
8. AGE: Years Months Days It tess than one day	Vulmono delana Zhay
0 1 0 1 1hrsmin.	
9. Birthplace Balt more model (Town, county, and state)	Due to level decidant Day
10. Usual occupation	
11. Industry or business NONE	Oue to Service Colors
11. Industry or Dustriess  12. Name BEANAR & M. Buirk	
12. Name	Other conditions Company United
14. Maiden name Atherine T. Ditzpatrick  15. Birtholace  2 RE LAND	(Include pregnancy within 3 months of death)
15. Birthplace QRELAND	Majer findings of eperations.
	Qate of op
16. Informant Athur B. Shanahan	Autopsy results.
Address JTYI ONEGON AVE - ARbutus	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Beesel Dato thoroot Ock 18-1945	22. V10LENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which (Burial, cremation, or removal, cremation, or removal, which (Burial, cremation, or removal, crem	Accident, sulcide, or homicide
Cometery or gramatory. New Cittles of	Where did injury occur? (City or town) (County) (State)
Was a Back nex	Injured at home, farm, industry, public place (where?)
Location Walter	Moans of Injury Injured at work?
Address Fratter Streeker A	D 45-0
	23. SIGNATURE M. D. Doryother,
(Date rec'd by registrar)	Address 22 Melica and Bel Bato street 1816/16

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (40)

7	18	/ 3
0	0	10
	U	198

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	wn	***************************************	State IId a Coun		······································	
City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)  Now long in above place of death?			City or town Reisterstown (If outside city or town limits,	**************************************	***************************************	
Hospital, institution, or street address where death occurred:			Street No. 17 Main St.			
			(If rural, give I	OCATION)	**********************	
Now long in hospital or institution?			2.(a) If veteran, name war			
3. (a) FULL NAME	4.0 7 4 7 7	i an Chamman		3. (b) Social Security	Number	
4. Sax 5. Color or race		ian Sherman		None -		
				RTIFICATION		
Female White		owed		1944-5		
8.(6) Name of husband or wite			21. I CERTIFY that death occurred on the date above			
T. Birth date of	§.(c)	If alive, give ageyears	and that I last saw h	n alive	19	
daceased (mo., day, yr.) AU	6.1,100   Days	If less than one day	Immediate cause of death		BURATION	
8. AGE: Years Months 57 2						
	1		Earman & ccl	muu.	Instant	
9. Birthplace Carroll (Tov	n, county, and st	te)	Due to	***************************************	*************************	
1D. Usual occupation Schoo	l teach	e r	Due to.			
11. industry or business	• = =			100000000000000000000000000000000000000	***************************************	
E 12. Name Arthur H	111	••••••••••••••••	Other conditions	00 101 10 10 00 00 00 00 10 00 00 00 00	***************************************	
		1 7	(Include pregnancy within 3 me	ontha of death)		
14. Maidsn name (ather	ine de	TOCIAGE IC	Major findings of aperations	P		
2 15. Birthplace Garrol	1 00.		2	Date of op		
18. Informant Herbert		•••••••••••••••••••••••••••••••••••••••	Antopsy results			
Address Reistersto		/ - ± 7 0 7 ( 4 5				
Burial (Burial, cremation, or removal. Whice	Date therso	(month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Dale of		
Cometery or crematory All S			Where did lojury occur?	(County)	(State)	
Location Reisterst	own, Md	***************************************	Injured at home, farm, Industry, public place (whs	irs?)		
18. Funeral director			Means of Injury	lojured at work?		
Address Reistersto			999	5 9		
		BELLI	23. SIGNATURE D. D. Eagle	M D	or other	
19. (Date rec'd by registrar)	0/.2.	Ry 13. LETTE.	Address Reisterstown	and - Date signed.	10-16-45	

WEARING THE PRINCIPAL STATE OF A PARTIE.

LAST DISTRICTURE OF SCHOOL STATE OF THE STAT

THEORY SERVICE

WHICH IN THE STREET OF THE STR

STATE OF THE PROPERTY OF THE P

The

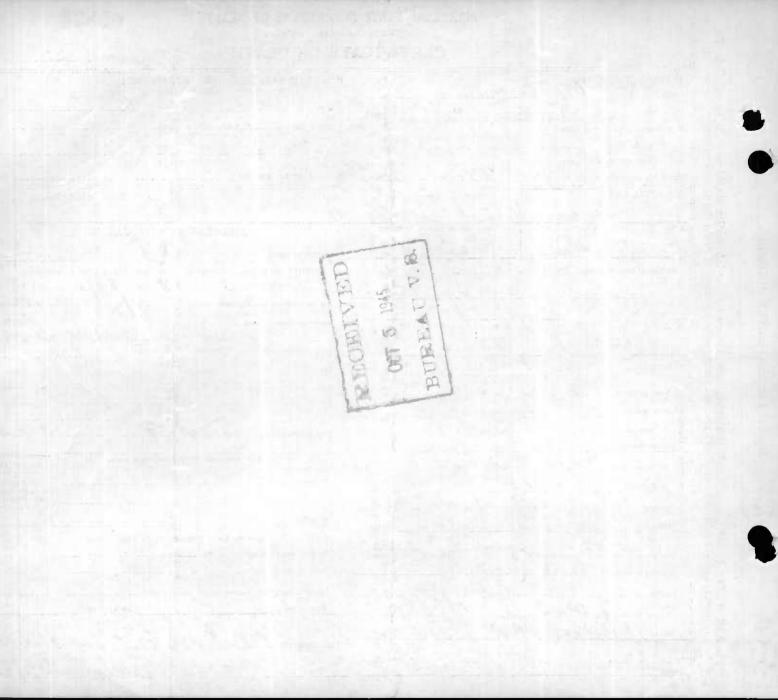
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

#### CERTIFICATE OF DEATH

P2 ms

CERTIFICA	AIE OF DEATH Reg. Dist. No	57
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State In a County Batts	
City or town (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:		ned No
rece madess, nospital, or tastitution:	City or town (1f outside city or town limits, write RURAL NEAR and give	town)
tay in hospital or inst. (yrs., or mos., or days)	Street No. (If rural give LOCATION)	<b>2</b>
Stay in this community (yrs., or mos., or days)2_9_4ys2	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME and Sunday	3. (b) Social Security	Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION	
Teurcle White married -	2D. DATE DF DEATH OCT 1 19 7.	5 445 M
(b) Name of husband or wife Harry E. Sundane	21. I CERTIFY that death occurred on the date above stated; that I ettended deci	eased from
6(c) If alive, give age7.0years	Tuch 1 1945, 10 10/1	
7. Birth date of	and that I last saw h 21-alive on9/30	19.45
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	DURATION
68 1 2nrs.	nin. Caremona Ganrey	6us.
9. Birthplace (Town, county, and state)	- Due to	
10. Usual occupation ————————————————————————————————————		
11. Industry or business	Due to	
		3 41
12. Name Was J. Enfield.	Other conditions Cardina	syra.
14. Malden name Matha Brooks -	(Include pregnancy within 8 months of death)	BUNGLOLIN
14. Malden name MATTIL Brooks -  15. Birthplace Pa-	Of operations	PHYSICIAN Please underline
15. Birthplace		the cause to whice death should be
16, Informant A assure to suspense	A4 nutana	charged statisti-
Address June Press Md -	Of autopsy	-
11. Burlal, cremstion, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory West diversity	Where did injury occur?	
The David	(City or town) (County)	(State)
Location Thomas Control	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Howard Co.	Means of Injury Injured at work?	
Address / W. Penna ave. lous on-	- Milano & Base	or hat
0)ct.2 19.45 Wilmer C. Ensor	23. SIGNATURE M. D.	or other
(Date rec'd by registrar) Registrar	Address Consul Stille Manate signe	10/1/45



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baitimore

#### CERTIFICATE OF DEATH

	Nog. Dist. No. L.J.
1. PLACE OF DEATH: Ballinase	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Ear newborn Infanta give residence of mother)
City or town (If outside city option limits, write RURAL and give nearest town)	State Many and County Pallings
How long in above place of death?	(If outside city or town limits) white RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bertha may Sun	3. (b) Social Security Number
4, Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale While Mouline	20. DATE OF DEATH 0.2 9 19 X4 81 2 5 M
8.(b) Name of husband or wife less an east Simily	21. I CERTIFY the death occurred on the dato above stated; that I attended deceased from
7. Birth date of S. (c) tf alive, give ago	and that I last saw h alive on Certain 27 19 &C
deceased (mo., day, yr.)  8. AGE: Years   Mooths   Days   It fess than one day	Immediate cause of death
52 10 29 hrs. min.	Carerry 7th way
May David	Buo to.
(Town, county, and state)	
10. Usual occupation	Due to
12. Name On Harry Truyers 13. Birthplace Wardland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah E Talisman  15. Birthplace Mansland	(include pregnancy within 8 months of death)  Major findings of operations
2 15. Birthplace Manfland	
16. Informant of a sufficient of the sufficient	Antopsy results
Address Miller Ma	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location S. C. Leters Cosseyer Fullware.	Injured at home, farm, Industry, public placo (where?)
18. Funerat director January Layer	Means of tnjury Injured at work?
Address Manchester Ma	23. SIGNATURE CI, In. France
19 Oct 30 1945 Cyril 5. Fontle	M. D. orothor

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

The correct age



1	ſ	100	()	0	2	0
-	(	7	J	8	1	0

P

• •	V	ARMINALA	(1)	13	6
nor	. (	48-01	(, 0	0	9

CERTIFICA	TE OF DEATH  Reg. Diat. No
1. PLACE OF DEATH:  County  City or town  ANDOWN  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  ACONO HUENUE  How long in hospital or institution?	2 IISHAL RESIDENCE (HOME) OF DECEASED.
3.(a) FULL NAME ELEANOR ELIZABET	H SMITH  3. (b) Social Security Number  NONE
FEMALE   S. Color or race   6.(a)Single, married, wildowed, or divorced   MARRIED	MEDICAL CERTIFICATION  20. OATE OF DEATH. Oct. 25 19.45.17:30/
6.(b) Name of husband or wife	and that I last saw h. Y. alive on
Address 38 3ECOND HYENUE  17. BURIAL  (Barial, cremation, or removal. Which?)  Cemetery or crematory  Location  FREDERICK HVENUE  18. Funeral director  Address  19. Address	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

VS A15 (X)

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.

sorrect age

#### MARYLAND STATE DEPARTMENT OF HEALTH

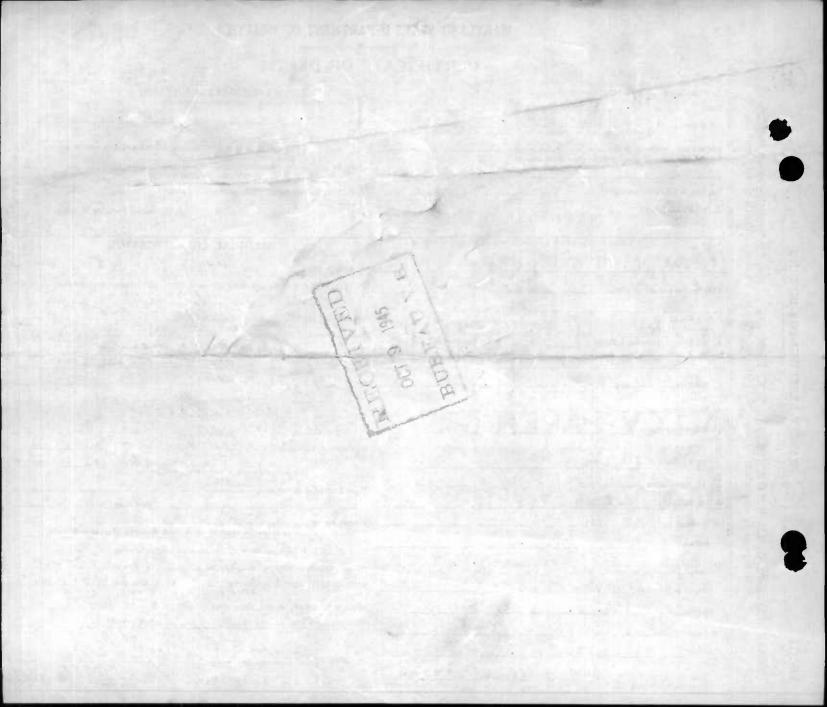
2411 N. Charles St., Baltimore 1860

## CEDTIFICATE OF DEATH

09878

	3	0		
Re		-	7	

	The state of the		CERTIFICA	TE OF DEATH	74	Reg. D	Diat. No	\$. <del></del>
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE ( (For newborn infants g	HOME) OF	DECEASED	:	
County			Donate	(If rural, give !	write RURAL  ad  LOCATION)	L and give neure	est town)	
How long in hospital or		••••••••••	***************************************	.    2.(a) If veteran, name war				
3. (a) FULL NAME	Maria	a M.Sm	ith			3.(b) Soci	ial Security N e	umber
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	M	EDICAL CE	RTIFICA	TION	
Female	White	Sin	gle	20. DATE OF DEATH	10-	3 -	19.45	nt // A M
7. Birth date of	A 4 7	6.(c)	If elive, give ageyear	21. I CERTIFY that death occurr	194	(D , 19.	10-3-	
deceased (mo., day, y		18,18	If less than one day	Immediate cause of death				DURATION
8. AGE: Years	Months 5	Days 15		0/10	mig	ie n	ming	
13. Birthplace	Housew hn Smith Ireland Winifre Ireland	ork d Egan		Major fiedings of operations	revaele	Loza Lass nonths of death	hora	liment
	ss Winif sterstow		ith	Autopsy results	e the cause to wh	ich death shoul	ld be charged st	tatistically.
LocationB	, Druid alto.Co.	Ridge	***************************************	22. VIOLENCE: It death was  Accident, suicide, or homicide.  Where did injury occur? Clair.  Injured at home, farm, industry Means of injury Occusante	Atendorum (City or town)	Balta (Con	Date of May. A	noryflands (State)
	istersto	wn, Md.	ns	OO STONEYHOE THE		Say	fell .	
19. 10 - 5 (Date rec'd by res	19 45 gistrar)		ary B. F. Line. Registra	Address Perele	is lows	~ Ph	M. D. or	10/7/15



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 117(2)

11	6 1	(	5.0	
C	7	N	7	7
	-	0	-	6

#### CERTIFICATE OF DEATH

0	U	0	6	6

			CLICITI	ICAL	LOI	DLAIII		Reg. Diat. N	0
1. PLACE OF DEATH: County Balti	imore		***************************************			AL RESIDENCE			7. 1
City or town					State	Marylan	1 Con	inty	W W V
How long in above place of death?	1 Day	*		own)	City or tow	Hurlo	ity or town limit	s, write RURAL and gi	ive nearest town)
Hospital, Institution, or street add					Street No	East	ern Shor	9	
Vets. Adm. Fac.							(If rural, give	LOCATION)	
How long in hospital or institution	, T Day				2.(a) If ve	teran, name war		***************************************	
3. (a) FULL NAME	WILL	IAM S	MITH					3. (b) Social Sec	urity Number
4. Sex 5. Color C	or race	6.(a)Single,	married, widowed, or divorce	ed		M	EDICAL C	ERTIFICATION	V
Male Col	lored				2D. DATE O	F DEATH Oct	ober 25,	19	45 at 2:55 P.
6.(b) Name of husband or wife			tf alive, give age		Oct	ober 24,	19.		er 25, 19 45
7. Birth date of			ti alive, give age	years	and that I !	last saw h im	alive on Octo	ber 25.	19 45
	2-15-94	Days	If less than one day		Immediate	cause of death			DURATION
o. Ada.		4.46.500			Gener	alized P	eritonit	is	48 Hrs.
		10		min.					
9. BirthplaceDelaws								c Ulcer	9 -
10. Usual occupation			***************************************						
12. Name									
						(Include pre	gnancy within 3	months of death)	
14. Maiden name					Major find	lings of operations.			
15. Birthplace					***************************************			Date of op.	
16. Informant Clinica			ets. Adm. Fa	ac	Antopsy re PHYSICIA	esults	e the cause to w	hich death should he ch	narged statistically.
Address Fort	Howard,	, Ma.						uses, fill in the following:	
17 Janea	P	Date there	(month) (day) (	45					***************************************
(Burial, cremation, or remov	1 11	-	. (	- //					
Cemetery or crematory.	alle	The same	-	.J	WIICIO UIU	injury occurr	(City or town)	(County)	(State)
Location Salt	5.	M	4		Injured at 1	home, farm, Industr	y, public place (w	here?)	
18. Funerat director. Ch	110.	L		5	Meens of In	njury		Injured at work	(?
Address 802 n	200	lis	an a	ne.	23. SIGNA	THE OF	113 K	Javy:	ma
1030	" X	0	hecks	-0	23. 01011	Nyn	mis.	Lau. (DA	M D or other
Oate rec'd by registrar)	.19		~~?	Registrar	Addres	Delu	daus	Y. V Cate s	igned 1 07 19 1 4x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS A15

MARGIN RESERVED FOR BINDING

WRITE

PLEASE

(Dato rec'd by registrar)

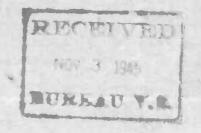
MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

Reg.	Dist.	No	4	4
,	- [1	98	79	

#### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County..... (If outside city or town limits, write RURAL and give nesrest town) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Street No. (If rural, give LOCATION) 2.(g) If veteran, name war..... How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 6.(c) If alive, give age ......years 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day 8. AGE: county, and state) 10. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace 18. Informant PHYSICIAN: Please underline the cause to which death should he charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide..... (Buriai, cremstion, or removal, Which?) (month) (day) (year) Where did injury occur? ... (State) Cemetery or crematory (City or town) (County) injured at home, farm, industry, public place (where?) .... Injured al work? Means of Injury M. D. or other



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N

2411	N. Charles	St., Balt	imore	830
CERTIF	FICATI	E OF	DEA	TH

1. PLACE OF DEATH:  County  City or fown.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or streef address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced  6.(b) Name of husband or wife 6.(c) If alive, give age years  7. Birth date of	MEDICAL CERTIFICATION  20. DATE DF DEATH		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
9. Birthplace Hallston Mills (Town, county) and state) Mills out	Due fo. S- Arfertungund und.		
12. Name of Mila (Mg ustua Spice)  13. Birthplace Stullsford Mila	Other conditions		
14. Maiden name. Elizabetti 15. Birthplace Hallston Miles	Major findings of operations		
Address ( Monum //// // // // // // // // // // // //	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, cremation, or removal. Which?) (month) (dd) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Humany H	Where did injury occur?		
18. Funeral director Address 1219 Address	Meens of Injury  Injured at work?  23. SIGNATURE		
19. 10/6 (Date rec'd by registrar) 19/5 A Walter Registrar	Address Date signed / // 4/46		

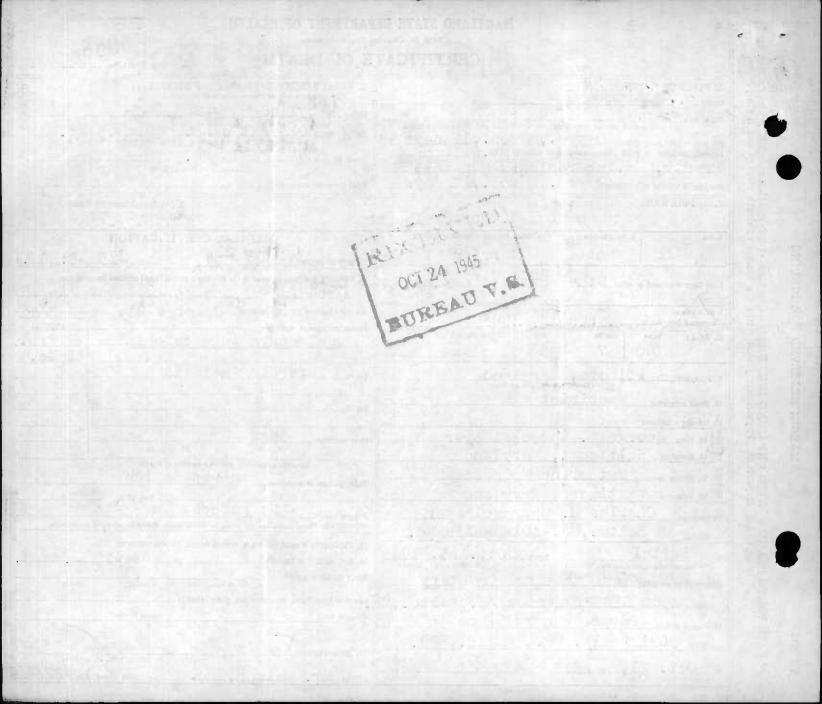
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 194

#### CERTIFICATE OF DEATH

09881 Reg. Dist. No. 32

1. Place of Death: Baltimore				(For newborn infants give residence of	mother)	
VOURT /			vland	State Maryland county		
City or town Mt. Wilson, Maryland (If outside city or town limits, write RURAL and give nearest town)				City or town 4014 Falls Rd. Balto Md. (If outside city or town limits, write RURAL and give hearest town)		
How long in above place of death? O YTS. 4 MOS. 17 days.  Hospital, institution, or street address where death occurred: Mt.Wilson						
				Street No. 4014 Falls Ro	<b>1.</b>	
Branch, Md. Tuberculosis Sanatorium				(If rural, givo	LOCATION)	./
		S.a., 4	mos.,17 days	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	Cha	rles	H. Spreckelmeye	r	220-24-50	165
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	1	Married	20. DATE OF DEATH October 21.	4.5	.8 . 30 P
	77.1.3	3 4		21. 1 CERTIFY that death occurred on the date abo		
		_	eckelmeyer			
***************************************	••••••		c) If alive, give age	Octo June 4,	45, to	······Araba 19·····Apylii'
7. Birth date of deceased (mo., day, yr	3/			and that I last saw himallve onQ.c.		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.  Pulmonary Tuber		
60	7	3				7 36-
9. Birthplace Baltimore, Maryland (Town, county, and state)		Due to Tubercle Baci		l Mo.		
9. Birthplace	(Town,	county, and	Land	Due to TWDGTCTC DAST		• • • • • • • • • • • • • • • • • • • •
10. Usual occupation	Machin	ist	***************************************			
		•••••••		Due to	******************************	***
11. Industry or business					***************************************	•• •••••••••••
12. Name. Geo	orge A.	pprieci	kelmeyer	Other conditions	*****************************	***************************************
				(Include pregnancy within 3 r	nonthe of death)	
14. Malden name Catherine McCourt			cCourt	Major findings of operations.	peration	
5 15 Richarde E	Baltimore	e. Mai	rvland			***************************************
14. Malden name Catherine McCourt 15. Birthplace Baltimore, Maryland 16. informant Charles H. Spreckelmeyer			ookelmowen	Autopsy results No autop	SV	
t6.informant Charles H. Spreckelmeyer  Address Balto., Md4014 Falls Rd.				PHYSICIAN: Please underline the cause to wi	hich death should be charged	statistically.
				22. VIOLENCE: If death was due to external cau	ene fill in the following:	
Burial Bate thereof Oct. 25, 1945 (Burial, cremation, or removal. Which?)		Accident, suicide, or homicide		*********************		
Cemetery or crematory. New Cathedral Cemetery				Where did injury occur?(City or town)		***************************************
Location 4300 Old Frederick Rd., Balto., Md				Injured at bome, farm, Industry, public place (wi Means of Injury	lejured at work?	***************************************
16. Funeral director Burgee Funeral Home		1-	/ // /	/		
Address 3631 Falls. Rd., Balto., Md.		Moramant	1 Make	er MA		
00+ 22 15 E 17711 1-4		23. SIGNATURE A CONTINUE A CONTIN	y. D.	or other		
19. Oct. 2	19.42		Mehalin Registrar	Address Mt. Wilson, Md	Date signed.	10/22/45



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09882

			CERTIFICA	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH:  county Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Howard  (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Beltimone  City or town Beltimore  (If outside city or town limits, write RURAL and give nearest town)		
How long in ebove place of death?  Hospital, Institution, or street address where death occurred:  Vets. Adm. Fac. Fort Howard, Md.				Street No. 919 Myrtle Avenue (If rural, give LOCATION)		
How tong in hospital or	Institution?	). O. A.	A	2.(a) tf veteran, name war World War I	<u>.</u>	
3. (a) FULL NAMI	EDWARD R	. STEPH	ENS	3. (b) Social Secur	rity Number	
4. Sex Male	5. Color or race Negro		e, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATHOctober 27	31 D O A II	
6.(b) Name of husband T. Birth date of deceased (mo., day, y		6.(0	ns :) If allve, give age39years	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from19	
8. AGE: 56		pays 4	tf less than one dayhrsmin.	SYPHILITIC HEART DISEASE	Unknown	
9. Birthplace				Due to		
12. Name Alec Stephens Virginia				Diher conditions		
Hamilton 14. Malden name Matilda Petters  15. Birthplace Virginia				(Include pregnancy within 8 months of death)  Major fiadings of operations		
16. Informant Clinical Records,				Antopsy resultsSubstantiated above PHYSICIAN: Please underline the cause to which death should be char		
Address Vet. Adminis. Fort Howard, Mid.  Burial  (Burial, cremation, or removal. Which?)  Bate thereof. (month) (day) (year)				22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cometery Baltimore Md.				Where did Injury occur?		
1B. Funeral director Charles R. Law  802 Madison, Balto., Md.				Meens of Injury  23. SIGNATURE  23. SIGNATURE  24. Many Many Many Many Many Many Many Many	ma mad	
19. (Date rec') by registrar Registrar				Address Date sig		

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09883

### CERTIFICATE OF DEATH

Dist No 30

City or town  Off contains city or town limits, write RURAL and deed accent fours)  Issue loss in above place of death?  See loss in above place of death?  See loss in above place of death?  See loss in the place in above place of death?  See loss in above place of death?  See loss in above place of death?  See loss in the place in above place of death?  See loss in above place of death in above place i	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givo residence of mother)	
Size   No.   (If outside sty or town limits, write RURAL and give measure town)		State	
3. (a) FULL NAME  3. (b) Social Security Number  4. Set S. Dobry of race S	How long in above place of death?  Hospital, institution, or stroet address where death occurred:	Sireet No	
3. (a) FULL NAME  4. Sez  5. Color for raco  6. (b) Single, married, widowed, or diverced  MEDICAL CERTIFICATION  20. Date of parameters of the fals above states: that I stituded deceased from 19. Sinh date of deceased (no. day, yr.)  8. AGE: Vestor   Months   Days   If less than one day    10. Usual occupation.  8. Birthplace.  9. Birthplace.  10. Usual occupation.  11. Industry or business    12. Industry or business    13. Birthplace.  14. Major findings of operations.  15. Birthplace.  16. Industry or business    17. Birthplace.  18. Birthplace.  19. Walden name    19. Wal			
8.(6) Name of husband or will all the state of the state	3. (a) FULL NAME  Lastan B. Vinel		
B. (6) Name of hurband or wileful and the state of the st	4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
2. I DENIFY that death occurred on the date above vialed; that I site pieded deceased from day, yr.)  8. AGE: Year Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name	I w wederved.	20. DATE DE DEATH OCH 13 1945, 1115P	
Birth date of deceased (ma. day, y.)  8. AGE: Vearo Months Days It issue than non day  10. Usual occupation.  11. Industry or business  12. Name and industry or business  13. Birthplace  14. Maiden name of the industry of business  15. Birthplace  16. Industry or business  17. Sinthplace  18. Industry or business  19. Maiden name of the industry of of the indust	8.(6) Name of husband or wife fundamental and the state of the state o	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from	
and final t last saw h		19 - 3 10 - 3 19 - 3	
8. AGE: Yearc Months Days If less than one day    Inmediate cause at death   Duck	7. Birth dato of	and that I last saw h. L.S. alive on	
8. Birthplace (10cus) county, and stately  10. Usual occupation. Due to Manager of the conditions (10cus) of the condition			
10. Usual occupation.  11. Industry or business  12. Name	79hrsmin.	West - 1 West	
Due 10. Usual occupation.  11. Industry or business  12. Name	9. Birthplace (Town, county, and state)	Duo to Data tes Theel, tux 10 yrs	
12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. (Burfal, cremation, or removal, Which?)  18. Funeral director  19. Funeral director  Address  Ad	to, Usual occupation Definition	The state of the s	
14. Maiden name   15. Birthplace   16. Informant   16. Informant   17.   17.   18. Informant	11. Industry or business It was the self-	Due to Soler on 10 hs	
14. Maiden name   15. Birthplace   16. Informant   16. Informant   17.   17.   18. Informant	12. Name 13. Birthulana	Dither conditions	
Major findings of operations.   Date of op.	E 7 1 17	(Include pregnancy within 3 months of death)	
Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should ha charged statistically.  22. VIOLENCE: If death was due to external causes, flil in the following;  Accident, suicide, or homicide.  Date of			
Address  17. Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  Address  Address  Address  Address  Address  Address  Address  Address  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  (City of town)  (County)  (State)  Injured at home, larm, industry, public place (where?)  Means of injury  10jured at work?  M. D. or other	and the in the state of	Autopsy results.	
Date thereof (Burlat, cremation, or removal, Which?)   Date thereof (Burlat, cremation, or removal, Which?)   (Most) (year)	Address / 14 Mellor and	PHYSICIAN: Please underline the cause to which death should ha charged statistically.	
Cemetery or crematory  Location  Where did lojury occur?  (City or town)  (County)  (State)  Injured at home, larm, industry, public place (where?)  Means of Injury  Iojured at work?  23. SIGNATURE  M. D. or other	17. 12. Dato thereof 10/19/45		
Injured at home, larm, industry, public place (where?)  18. Funeral director  Address  Address  23. SIGNATURE  M. D. or other			
18. Funeral director Sea Thomas Means of Injury  Address  Address  23. SIGNATURE  M. D. or other	M 4 77		
Address Catrus CC July 23. SIGNATURE Descent for the M. D. or other	Location Landson	1	
10/16/ 45 N. C. C. SIGNATURE M. D. or other	18. Funeral director	Means of Injury   Injured at work?	
10 1 (b) M.D. or other	Address Catrussille Mid	beech tower	
(Date rec'd by registrar)	19. 10//6/ (Date rec'd by registrar)  19. 45  19. 6  19. 10  1	M. D. or other	

HARTIAN STATE DEPARTMENT OF DEATH

THE RESERVE OF THE PARTY OF THE PARTY.

A WEB CONTRACTOR OF THE

O The Proposition and the

3

MOTERATED VIOLENCE IN COLUMN

and the second

mater practice

Maria de la companione de

Participated for policy and a patient color

RECEIVED

OGI 22 1945

BUREAU V. R.

MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (310) CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
MARY TYLES.	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fr. It. married	20. DATE OF DEATH O.T. 30 18 45 21 1:30 AN
8.(b) Name of husband or wife Charles Tylo	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
0	Sep 77 19 45 10 Det 23 19 45
7. Birth date of Section 1. Section 2. Secti	and that I last saw half alive on Oct 23/
deceased (mo., day, yr.)  8. AGE: Years Months   Days   If less than one day	Immediate cause of death
66 9 4 hrs. min.	Cerebral Kaemourage / hr
9. Birthplace 22. 4. City	In a thing is conditioned to see the
(lows, county, and state)	Due to My Retterante Cardio Vascula, 10 yrs
10. Usual occupation	Due to Chronic Glonerulo replutio ?
11. Industry or business	0
12. Hame Schemia	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Josephine 5 15. Birihplace Bohemia	Major findings of operations.
E 15. Birthplace 36hema	Date of op.
16. Informant Charles Jyls	Antopsy results
Address manuall, md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17. Buril Date thereof. 2000. 1 - 1945	22. VIOLENCE: It death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Horners Lane	Injured at home, farm, Industry, public place (where?)
18. Funeral director John S. Connelly	Means of injury tnjured at work?
Address Casht, 2nd.	710400
11 - 15 11 16 11	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Ridge Rd Battimore - b Patricipal 10/30/41.

RECEAUX .

### MARYLAND STATE DEPARTMENT OF HEALTH correct age 2411 N. Charles St., Baltimore Bi-CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number VINCENT MEDICAL CERTIFICATION 20, DATE OF DEATH .... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) 8. AGE: to. Usual occupation. 11. Industry or business 12. Name Alche 13. Birthplace One important. (Include pregnancy within 3 months of death) PLEASE WRITE PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; (Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide..... Where dld Injury occur? .....(City or town) (County) Injured at home, tarm, Industry, public place (where?) ...... m /smeral / Have Injured at work? Means of Injury (Date rec'd by registrar) ... Date signed ALLT

DURATION

(State)

M. D. or other

MARGIN RESERVED FOR BINDING

OCT 23 1945
BUREAU V 8

me

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 982

### CERTIFICATE OF DEATH

1. PLACE OF DISKIP: County 99-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town control of the control	State
Hospital, institution, or street address where death occurred and a street address and a stre	(If outside city or town limits, write RURAL and give nearest town)  Streef No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Mary Evelyn Walte	Noul.
Female White Married.	MEDICAL CERTIFICATION  20. DATE OF DEATH. October 7 19 45 18 7 19
6.(b) Name of husband or wife Robert Claude.  Natter 6.(c) If alive, give age 73 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that I last saw h. C. S. alive on
66 10 · 8hrsmin.	Ale compensation : 3 days
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)	Due to Cardio Yas arlar 97.3.
11. Industry or business blon honey.	Other conditions
12. Name	(Include pregnancy within 8 months of death)
15. Birthplace	Major findings of operations
16. Informant V. C. A. B. B. C. Att. O. H. P. G.	Antopsy results
17. But tal Oate thereof Oats (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Cemetery or crematory Cak Lawn Elm:	Where did injury occur?
Location gashern that	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director of the form of the first of the firs	means of injury
Address 2334 effect Sty	23. SIGNATORE TOLLIS D. Yallu. M. D. or other
(Date reo'd by registrar)	Addres Ap acrons Vant. Date signed /2 /4 +

rect age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 956

# CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Qaltimae	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Destinate
Control of the self-state of t	City or town
How long in above place of death?	
	Street No. Duston ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Edna Powell	Washburn 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. manued	20. DATE DE DEATH 10 - 25 19 41 30 5 PM
H Homes Washern	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	10-7
7. Birth date of	
deceased (mo., day, yr.) tan 20, 1906	and that i last eaw h. M.C. alive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
39 9 5min.	Cardia - factore - 1/1/40
Viaginia	
8. Birthpiace	The week spear he are left
10. Usual occupation. Homemaker	
	Due to
11. Industry or business	
E 12. Name. John O oxoge	Dther conditions
13. Birthplace Vuginia	(include pregnancy within 3 months of death)
H 14. Malden name that West	(Include pregnancy within 8 months of death)
14. Malden name. Ether West  15. Birthplace Vinginia	Major findings of aperations.
a) 15. Birthplace	Date of op.
16. Informant At A Washings	Autopay results.
Address Suthewelle Mangland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 +:	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Baltiman Md.	tnjured et home, Jarm, Industry, public place (where?)
P 1 2 2 10	Meane of injury injured at work?
18. Funeral director	6 - 1
Address Sparks Ma.	23 SIGNATURE / Remiell C. Alace
Oct.26 19 45 Wilmer C.Ensor	M. D. or other
19. (Date rec'd by registrar) 45 Wilmer C. Ensor	Address extractivelle Bate signed 10/25/45

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

88	098
6	

		.,		(WHE)
<b>CERTIF</b>	ICATE	OF	DE.	ATH

Reg. Diat. No. .....

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)		
City or town	State Maryland County		
How long in above place of death?	City or town DEL CLINGIO		
Hospital, institution, or street address where death occurred:	Street No. 6009 Highgate Drive		
Vets. Adm. Fac. Fort Howard, Maryland	(If rural, give LOCATION)		
How long in hospital or institution? 14 days	2.(a) If veteran, name war. WW-2		
3. (a) FULL NAME	3. (b) Social Security Number		
HERBERT J. WEAVER	217-07-0381		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	ed MEDICAL CERTIFICATION		
Male White Married	20. DATE OF OEATH. October 17 1945 21 7:40 a.		
6.(b) Name of KANANA wife Margaret R. Weaver	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e (a) If alian mine are	October 3, 1945 10 October 17 19 45		
T. Birth date of	and that I last saw him alive on October 17 19.45.		
deceased (mo., day, yr.) 8-18-16  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death		
20 70 7 20	Nephritis, parenchymatous, chr. 2 Yrs.		
	plus		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to		
1B. Usual occupation. Unemployed	,		
	Due 10		
11. Industry or business	Other conditions Anemia, secondary Unknown		
12. Hame James R. Weaver			
	(No. da. b. an amount mithles 2 months of doubt)		
14. Malden name Regina Abendschoen	Major findings of operations.		
14. Malden name Regina Abendschoen  15. Birthplace Maryland	Date of op.		
16. Interment Clinical Records, Vets. Adm. Fe			
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
10/01	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, eremation, or removat. Which?)  (Burial, eremation, or removat. Which?)	(fear) Accident, suicide, or homicide		
Cemetery or crematoryBaltimoreNationalCemeter	Where did injury occur?		
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. William Cook, Inc.	Means of Injury Injured at work?		
Address St. Paul & Preston Sts. Balto. Mc			
18 at 19 19.95 aw Hedre	23. SIGNATURE A. M. BALTER, LT. COL., M.C. COFFN.DIR.		
(Date rec'd by registrar)	Registrar Address Fort Howard, Md. Date signed		

VS, A15

The

M

### MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baitimore 93

	Reg. Dist. No. 44	
'n	09889	

onner.	CAME	0.17	DEATH	
CERTIF	ICATE	OF	DEATH	

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Dellimore	(a) State 2nd - (b) County Bolto.	
(b) City or town (if outside city or town limits, write RURAL and give town)		
(c) Street address, hospital, or institution:	(c) City or town (If outside city or town limits, write RURAL and	
430 Vuginia are.	(d) Street No. 430 Vieginia Con	7.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(a) Street No. 7 A (If rural rive location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME, weylein Jr.		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
No. 213-07-9107	20. Date of death 90 3 1945, at 1	10 A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; t	hat lattend-
m. A. divorced married	ed deceased from July 1 1945, to Oct 21	19.45
6 (b) Name of husband or wife Free Heglew	and that I last saw him alive on Out 21 19. 45	_
nee mrowcyynaka 6. (c) If alive, give age 42 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) Och . 10-1901	Downay Mumicous	Judden
8. AGE: Years   Months   Days   If less than one day	Due to alerca - Belevola	
44 0 11hrmin.	Cardia Vascular ducase	
0 00	Due to	
9. Birthplace Dalling	0.1	
10. Usual occupation Forler maker	Other conditions	
11. Industry or business Starrons Pt. Shippard	(Include pregnancy within 8 months of death)	PHYSICIAN
MI de	Major findings:	Underline the
12. Name John Heglem or	Of operations	cause to which death should be
13. Birthplace manyland	Of autopsy	charged statisti-
# 14. Maiden Name Julia Covers	Of autopsys	cally.
14. Maiden Name Julia Ceres 15. Birthplace manyland	22. If death was due to external causes, fill in the following	ng:
16 (a) Informant mrs. Die Feglein	(a) Accident, suicide, or homicide	
(b) Address 430 Kuguma Cue.	(b) Date of occurrence	
17 (a) Burial (b) Date thereof Och. 24-45	(c) Where did injury occur? (City or town) (County)	(State)
(Burial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial pla	
(c) Cemetery or crematory Moreland Park		
Location Jaylor ave	place?While at work?_	
18 (a) Funeral director Ans & Connelly	(e) Means of injury	
(b) Address / Creston Foods	23. Signature As M. Summyan	duer
19 (a) Cleh 7 2-45 (b) Jam 4 Comelly	M. D. or o	other
(Date rec'd by registrar) Registrar	Address Bully 6 Date signed	10/21/45



MARGIN RESERVED FOR BINDING

10.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

Reg. Dlat. No. 40

1. PLACE OF	DEATHS	ALTI	MORE		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	
	A		1.0	***************************************	ll Mr Mr	RENI	
City or town	(If outside ci	ty or town lin	nits, write RU	JRAL and give nearest town)	C LL C T C T C T C T C T C T C T C T C T		
Now long in above p	lace of death	7	MONTI	2 Y	City or town (If outside city or town limits,	write RURAL and give nearest town)	
Hospitat, Institution	n, or street ac	idress where d	leath occurred:				
	****************		**************	***************************************	Street No		
How long to hospit	al or Institution	on ?		***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL N	AME				1	3. (b) Social Security Number	
	AM	1		ILKINS		Arman	
4. Sex	5. Color	r or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
力	1	S .	1 4	Indowed	20. DATE OF DEATH. Octobe	7 30 18 45 at 4:30 Pm	
6.(6) Hame of hush	and or wife	Wm.	Wi	lkis	21. I CERTIFY that death occurred on the date above	stated: that I attended deceased from	
			8.(c)	If slive, give ageyears	October 50 18 4	19	
7. Birth date of deceased (mo., d	Λ	100 29			and that I last saw h alive on	10.4	
	143, 31.,	onths I	Days 1	If less than one day	Immediate cause of death	DURATION	
O. SEGM.	4	11	1	hrsmin.	Caronary a	no como ano juna.	
RALTIMARE CO Ma			***************************************				
9. Birthplace		(Town,	ounty, and st	ate)	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10. Usual occupati	ton /	Jauser	uls				
					Due to	***********************	
11. Industry or bus	LORE	A. 7 A	1 00	HARA	***************************************		
12. Hame		Md			Other conditions		
	MA	RYPE	TC	ARR.	(Include pregnancy within 3 mo	onths of death)	
14. Maiden na 15. Birthplace	me		1		Major findings of operations		
≥ 15. Birthplace		Mo	1				
18. Informant M	25. E	Dw.	Will	<b>4</b>	Autopsy results	***************************************	
4.	lan ar		maryl		PHYSICIAN: Please underline the cause to which	ch death should be charged statistically.	
C	- 1		//	0 19 1	22. VIOLENCE: If death was due to external cause	es, fill in the following;	
(Buriai, cremation, or removal. Which?)  Date thereof. (month) (dny) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of		
				CREMATORY	Where did Injury occur?(City or town)	***************************************	
Cemetery or crematory.			)				
Location Wilmington, Relaware.			awall.	injured at home, farm, industry, public place (when			
18. Funeral direct	y J.C	Villio	Wel	lo	Means of Injury	/tnjured at work?	
Address	R Do t	To Law	m	1	A.00-1 F.	Les As As MASA	
Address S	2 1	noun	/	5 all.	23 SIGNATURE	M. D. or other	
19. (Date rec'd b	y registrar)	19 4 5	6,	L. Zuel Registrar	Address Fork 7	M. D. or other  M. D. or other  Date signed 0130/45	

THE AND HOLDS AND THE WAR AND THE STATE OF T

RECHIVED NOV 3 1945 BUREAU V.R.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

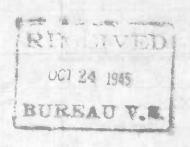
VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (3) CERTIFICATE OF DEATH

			5-
-	Dist.	No	32

	1
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For protogra infants give residence of mother)
City or town WMMA AMAN	State State County County County
(if outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (if outside city or town/limits, write/RURAL and givo nesrest town)
Hospital, lostitution, or street address where death occurred:	Street No. Cultural Autoc
How long in hospitat or institution?	(If refral, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME Lewven James Hill	3. (b) Social Security Number
4. Strale 5. Copy of race 6.(a) Stogle, married, widowed, or divorced	20, DATE OF DEATH. OC. 22- 1975 at 1A: M
6.(b) Name of husband or wife MANY Stallaama	21. I,CERTIFY that death occurred on the date above stated; that I attended deceased from
	My 26 19 45 to OCX 22 19 45
7. Birth date of	and that I last saw h alive on Del Zel 13 4
deceased (mo., day, yr.) Add Days   It less than one day	Immediate cause of death Dynation
8. AGE: Vears Months Days It less than one day	Wenie Porsonny 3 days
9. Birtholace Dattimore Ces Maryland	Due to Mishrella ?
1D. Usual occupation 1700 Mel	J. J. J.
11. Industry or business /	Due to Attical by relicion ?
E 12. Hame Wandow of Illiams	Differ conditions
₹ 13. Birthplace Jemsusamua	
14. Maiden name & Arrilla Africa	(Include pregnaucy within 3 months of death)
15. Birthproce Ongland	Major findings of operations
16, Interment M. D. Mary Milliams.	Autopsy results.
Address Cares Rand Quinas Mills	PHYSICIAN: Flesse underline the cause to which death should be charged statistically.
Dupla 1 all 24-1045	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cromptory July Nauman	Where did injury occur?
Location Lessershown, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director & Durgell Guneral Home	Means of injury injured at work?
Address 363/ Falls Kord Sattimore	To buch se me
19.10-22-1945 Dr. E. Michals	23. SIGNATURE M. D. or other  Address Pikesville - 8 M. D. or other  Address Pikesville - 8 M. Date signed On 2 2 7 m/s
(Date rec'd by registrar) Registrar	Address Pate slened Star 27 Th



# 09892

				11	****
7	Reg.	Dist.	No.	7	dur

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dalfrance	(For newborn infants give residence of mother) State County Clean
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in shore place of death?	(if ontside city or town limits, water RIRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 5729 First our
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Willsoming Caroline Wills	ame! none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famale White Married	20. DATE OF DEATH. Oct 29 19.545 at 5-25
B.(b) Name of husband or wise Longe Elseworth	21. I CERTIFY that death occurred on the date above stated; thal I allended deceased from
	Soft 70 1855 to Oct 29 11KS
7. Birth Cate of	and that I last saw h an alive on Off 7 19 44
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death
5. 10.	act Diltaling 190
8 10 29hrsmin.	a the foat
9. Birthplace (Town, county, and state)	Due to Clary Alexander 27
10. Usual occupation	a postation of me
	Due to.
11. Industry or business	
12. Name 13. Birthplace	Other conditions
14. Maiden name Christing Reffelding  15. Birthplace Westernberg Torwary	(Include pregnancy within 8 months of death)
E 15 Rightige Wastern by A Language	Major findings of operations
18. Informani Allera Melhe' ofto Haghter	Antopsy results.
La contraction of the contractio	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3728 - 1 stave Halethoops 25 - mol	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Whiteh?)  Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematogy	Where did injury occur?
Location Hesternport Hall-	Injured at home, farm, industry, public place (where?)
18. Funeral director Aug. O. Moran	Means of Injury Injured at work?
Address Driff E. Bally N.	Alle en ormal
GA 10 11- Oct 3.105	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Sold Not Date signed Lot 22/4

The correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly an Tegibly

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

MARGIN RESERVED FOR BINDING

CERTIFICATE OF A STATE OF SEALING OF SEALING

REOF THE NOV.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

(19893 42 Reg. Diat. No. 42

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (M rurai, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex  5. Color of race 6.(a) Single, matried, widowed, or divorced  Mule Married 6.(b) Name of husband or wise Achieved	MEDICAL CERTIFICATION  2D. DATE OF DEATH
7. Birth date of	and that I last saw h. 25 alive on Sept 19.4 19.4
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace (Town, coonty, and state)	Duration    District   Duration
10. Usual occupation Houseingle  11. Industry or bysiness  12. Industry or bysiness  13. Industry or bysiness	Due to
12. Name Land Thomas 213. Birthplace 2nglong 14. Maiden name Land Thalker  15. Birthplace 2nglong 15. Birthplace 2nglong 16.	(Include pregnancy within 3 months of death)  Major findings of operations  Bate of op.
Address 1608 Linden one ( Rule)	Aotopsy results
17. Date thereof. (month) (day) (year)  Cemetery or crematory (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Sultanov M. J.	tnjured at home, farm, Industry, public place (where?)
19. 10/16 1945 A. Hedred.  (Date see'd by registrar)  Registrar	23. SIGNATURE SE derie V. Deather M. D. or other Address Maricae Octo Belg Buelled Bate signed Octo M. Abs.

			the state of the s
lie	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	० अर्च
(4) 引	(a) Baltimore City, Maryland	(a) State (b) County	
	(b) Street address 6/6 Thymouth COAO	PAIT MADE	
₹.	(c) Hospital or institution:	(c) City or town BALTIMORE	T 3
1		(d) Street No. 616 PLY MOUTH RE	A A
100	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. (If rural give location)	
J # 7	$\sim$	(e) Citizen of foreign country?	(Yes or No)
t E	(e) Length of stay in Baltimore (yrs., mos., or days)/0 4.63	lf yes, name country	
THE	3 (a) FULL NAME	Millan	
tion of	3 (b) If veteran, name war 3 (c) Social Security Account	WILSON MEDICAL CERTIFICATION	
	3 (b) If veteran, name war 3 (c) Social Security Account No. NONE		- 200-
D und	4. Sex , 5. Color or race   6 (a) Single, married, widowed, or	20. DATE OF DEATH 0 2 2 3 19 4 3	., at. 7. P. M
DING informa		21. I certify that death occurred on the date above state	
Z J	MALE WHITE divorced. SINGLE	ed deceased from May 1945, to Oct	
D u	6 (b) Name of husband or wife	and that I last saw hendalive or 23 19	45.
OR	6 (c) If alive, give age vears	Immediate cause of death	Duration
ry th	7. Birth date of deceased (mo., day, yr.) MAU // -/8 6/	Cardio Vas. Reval	14 yrus
Every	8. AGE: Years Months Days If less than one day	Desce	
torind .	84   3   / L  hrmin.	Due to	
RESERVED INK. Evel	9. Birthplace HOWARD COUNTY, MD.		
RE RE	(town, county and state)	Due to	
ARGIN FADING	11. Industry or business POLICE DEPT.	Other Conditions	
[A] FA	12. Name COBERT WILSON	(Include pregnancy within 3 months of death)	PHYSICIAN
N D	13. Birthplace BALTIMORE, MD.	Date of operation	Underline the
	14. Maiden Name AGNES SPENCER	Major findings of operation:	death should be
WITH			charged statis
	2 15. Birthplace ENGLANO	of autopsy:	tically.
PLAINLY	16 (a) Informant JACOB H. DORRIER	22. If death was due to external causes, fill in the fo	
Z	(b) Address 6/6 Phymouth ROAD	(a) Accident, suicide, or homicide	***************************************
LA	17 (a) BURIAL (b) Date thereof 0 ct 27/983	(b) Date of occurrence	M
	(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Coun	nty) (State)
RITE	(c) Cemetery or crematory WESTERN EMETERY	(d) Did injury occur about home, on farm, industrial	
VR	Location LOMONDSON AYENUE	place?	k?
<b>A</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18 (a) Funeral director G. LESTER WEBER	(e) Means of injury (Specify type of place)	
ASE	(b) Address 2503 EDMONDSON AVE.	23. Signature	1.0
THE R	1970) 9 6 1945 Hontington Villiams M.E.	115-60	M.D.
I I	(Date red by registrar) Registrar	Address 8 / 8 Zdmenel Date sign	10/24/4
	Collans Collas Collans Collans Collans Collans Collans Collans Collans Collans		1 1

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

VS 150

The

BALTIMORE CITY	HEAL	LTH D	DEPAR	TMENT
CERTIFICA	TE	OF	DEA	THE

Registered No. 35

X

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore My, Maryland (b) Street address Edwards white burning	(a) State M. A. (b) County
(c) Hospital or institution:	(c) City or town / 3 alluer orl
Costa Musoene g wome	(If outside city or town limits, write RURAL and give town)
300	(d) Street No. 22 Paul w 91.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)  (e) Citizen of foreign country? Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME	111/16.
Joursa 110	WINDLE WARRIES A TION
3 (b) If veteran, name war 3 (e) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH OC 194V, at M
4. Sex 5. Color of race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattend-
muse while misson.	ed deceased from 2 0 19 40, to Cet 2/ 19/1,
6 (b) Name of husband or wife little William	and that I last saw h Lalive on Oct 2/ 19 4V.
6 (c) If alive, give age years	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) Well 12, 1871	ecete legicardele surrion
8. AGE: Years Months Days If less than one day	
13, 10 10 hr. min	Due to MICE Chedo Car delle Cartering
9. Birthplace 13 alls see the wed.	
(Town, county, and state)	Due to
10. Usual Occupation Wouse will	
11. Industry or business at the rice	Other Conditions
12. Name Slo. Bet rehurg	(Include pregnancy within 8 months of death)  PHYSICIAN
13. Birthplace Liministed	Date of operation
	Major findings of operation: cause to which
14. Maiden Name Mary Capitaline	death should be
2 15. Birthplace	of autopsy: tically.
16 (a) Informant IND Elizabeth BIJON COV	22. If death was due to external causes, fill in the following:
(b) Address. /135 J. ( Jac a Street	(a) Accident, suicide, or homicide
17 (a) Messel (b) Date thereof 10- 25-15	Date of occurrence
(Burial, cremation, or removal) (month) (day) (year	(City or town) (County) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial place, in public
Location M. GUSTILY & JAN MILEON LIKE	place?
18 (a) Funeral director Alla Contal Hom	(Specity type of place)
(b) Address All - Engl St Allers It	(e) Means of injury water 3
OCT 24,1945 A. W. Hedric	23. Signature Maniera Con M. D.
Date reo'd by registrar	Address Ol William Sa Date signed Fry

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

### CERTIFICATE OF DEATH

			- 0	
	4		. /	
de	_		42	
	Reg.	Diat.	No	

1. PLACE OF D	0-4	_		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Md		
City or town				City or town. Catonsville (If outside city or town fimits, write RURAL and give nesrest town)		
	or street address where Iew Edmond s		: ] <b>,</b>	Street No. 5300 New Edmor		
How long in hospital	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		NILLIA	M WINFIELD WOLTER		3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	2D. DATE DF DEATH Oct. 30	19.4.5 at .8.5	
6.(b) Name of husban	d or wife. Glad	ys Y. V	Volter	21. I CERTIFY that death occurred on the date abov		
7. Birth date of	***************************************	6.(0	e) If allve, give ageyear	3		
deceased (mo., day		4, 190		Immediate cause of death		
8. AGE: Yea	- F-11-	Days	If less than one day			
39	6	26	hrsmln		Celusion	
9. BirthplaceWE	ashington, (Town, Buildin	D. C. county, and a	tste) Lies	. Bue to		
11. Industry or husing	ss Self			Due to	les deall	
12. NameAr		lter		Dther cooditions	la	
	Pa. Mary Thom	nson		(Include pregnancy within 3 m		
14. Maiden name	Virgin	•		Major findings of operations		
	cs. Gladys.		Blvd	Antopsy results		
	lal		11/2/45 (month) (day) (year)	22. VIOLENCE: If death was due to external caus  Accident, suicide, or homicide	ses, fill in the following;	
			1.a		(Connty) (State)	
Location	Washing	ton, D			ere?)	
18. Funeral director.	C. Howar	d Tickr	mer, Sr.	Means of Injury	Injured at work?	
Address 3	North &	Pa. Ave	es., Balto., Md.	23. SIGNATURE	M. D. of Balls	
(Date rec'd by 1	registrar)		Registra	Address 1010 deeds	Date signed 10-30. AJ	

TO AND THE PARTY AND AVAILABLE TO A PARTY TO

PEARLE SO STADISTICS

NOV 2 1945 WUREAU V.M.

### MARYLAND STATE DEPARTMENT OF HEALTH

\*\*\*\*CERTIFICATE OF DEATH

11	N.	Charles	St.,	Baltimore	19
			~~,		1 7

THE PARTY.		

DI-A		

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE OF DEATH OCTOBER 17 1945 , 21 8 - 15 A.m
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	august 19 1845, 10 October 171845
7. Birth date of	and that I last saw her alive on October 17 1945
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
68 7 27hrsmin.	CARDIAC FAILURE
11 7-	ACUTE 30 min
9. Birthplace (Town, county, and atata)  10. Usuat occupation retiring section transfer	Oue to. ARTERIOSCLEROSIS - general years
	One to
11. Industry or business  12. Name Warn & Mevins Horley	MALNUTRITION 3 mes
70 44 70 //	SENILE PSYCHOSIS 6 mos
	SENILE PSYCHOSIS 6 mos (Include pregnancy within 8 months of death)
14. Maiden name Sul M. Waters  15. Birthplace  M.	Major findings of operations
≥ 15. Birthplace	Qate of op.
18. Informant Life Worley	Autopsy results
Address 2624 N. Caul St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busin 11/21/45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and and	Where did injury occur?
Location Frie. Ceve Ballo. Mil	Injured of home, farm, industry, public place (where?)
18. Funeral director Jahn D. Mitchell Tomo	Means of injury Injured at work?
Address 1900 Entaw Place	3 SIGNATURE arshurs of Milkolland Tub
10 T9 19 July 200	M. D. or other
(Date rec'd by registrar) Registrar	Address Catourille Md Date signed 10-17-25

### MARYLAND STATE DEPARTMENT OF HEALTH

2411

N.	Charles	St.,	Baltimore	94
----	---------	------	-----------	----

arles	5t.,	Balt	imore	(74a)	
ATI	$\Xi$	)F	DE	ATH	

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

- 1	- 8	13	20	9.3	(1)
1	1	V	()	1	8

	U (	)	

Reg. Dist. No. .....

County City or t	OWR(If ou	TH: Bako. Brookland tiside city or town li	ville imits, write RU	JRAL and give ne	arest tewn)
Hospital	, institution, or s	street address where Ruxton Rd	death occurred:	(6+80+++++++++++++++++++++++++++++++++++	••••••
	FULL NAME			N PEARCE	
4. Sex		5. Color or race	6.(a)Single,	married, widowed, o	or divorced
N	lale	White	M	arried	
8. AG	E: Years	Months	Days	If less than one	
	date of sed (mo., day, yr,	) A11	g. 1, 1		
8. AG	E: Years	Months	Days	If less than one	day
67	7	2	26	hrs.	*************
11. Inde 12. 13. 14. 15.	Name	Presiden Rockland bert Wrig Balto Co. Mary E. F Balto Co	ht., Md.	Dye Co.	
16. Info		. Adele S			• • • • • • • • • • • • • • • • • • • •
Addr	ress Rua	cton Rd.	Brookle	ndville,	Md.
17(Bur	Buris	cton, Rd.,	Date thereo	(month) (	0/45 day) (year
		Druid Pikesv		Cem.	
		WM. J. 7	CICKNER	& SONS	
18. Fun	eral director	*************************	****************		

State Md. Count	, Balto.
City or town Brooklandvill (If outside city or town limits,	ewrite RURAL and give neurest town)
Street No. Ruxton Rd. (If rural, give L	OCATION)
2.(a) If veteran, name war	***************************************
	3. (b) Social Security Number
	216-10-2262
MEDICAL CEI	RTIFICATION
20. DATE DE DEATH Gelover	27. 1945 at 7:30P.
21. I CERTIFY that death occurred on the date above	
leev / 15t	4 to alex 25
and that I last saw handlive on	£ 25 19 FF
Immediate cause of death	DURATION
Carouary a	elinen kulisu
Due to actives selve	wwy lub.
Due to the putt	thusy all.
Dither conditions	
Diller Conditions	•••••••••••••••••••••••••••••
(Include pregnancy within 3 mo	ntha of death)
Major findings of operations	
	Bate of op
Autopsy results	
22. VIOLENCE: If death was due to external cause	s, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or town)	(County) (State)
injured at home, farm, industry, public place (when	re?)
Means of Injury	Injured at work?
23. SIGNATURE SULLY	ulfu J.
Address Dowsou -	all Date signed 10/29/40.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

### CERTIFICATE OF DEATH



Reg. Dist. No....

1. PLAGOOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Rechard
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street Ro
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella man Gara	hone_
4. Sex 5. Color or race   6.(a)Single married, Mdowed, of divorced	MEDICAL CERTIFICATION
F	MEDICAL CERTIFICATION
Temole whole traum	20. DATE OF DEATH. 9.4. M
6,(b) Name of husband or wife Alman In . Ya ged	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
76	Oct. 4 1945 10 Oct. 4 19 43
7. Birth date of Q Q	and that I last saw her alive on Oct. 4 18 41
deceased (mo., day, yr.)  R A.C.F. Years Months   Days   It less than one day	Immediate cause of death
1, 1	Cirebral believerhage
66 2 13hrsmin.	
9. Birtholace manufactur Fotora	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Cellar J. Replant	Other conditions Ity kenterson
14. Maiden name Cathere K. Smith	(Include pregnancy within 3 months of death)
To 14. maiden name	Major findings of sperations.
≥ 15. Birthplace	Date of op.
18. Interment Pus. Guerdaliga Cechling	Autopsy results.
Address Monttow Inc	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date thereof Get 4-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burisl, eremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mondalow ha	Where did injury occur?
Location morkton Jul	Injured at home, farm, Industry, public place (where?)
41 112 10.	Means of injury Injured at work?
18. Funeral director	0.5
Address white Italy, had	(1. m. trance
1. Och. 8, 1. 45 Mrs Howards. Madelin	23. SIGNATURE M. D. OF OTHER
(Date rec'd by registrar)  Registrar	Address Darleton, ho Date signed 10/6/45